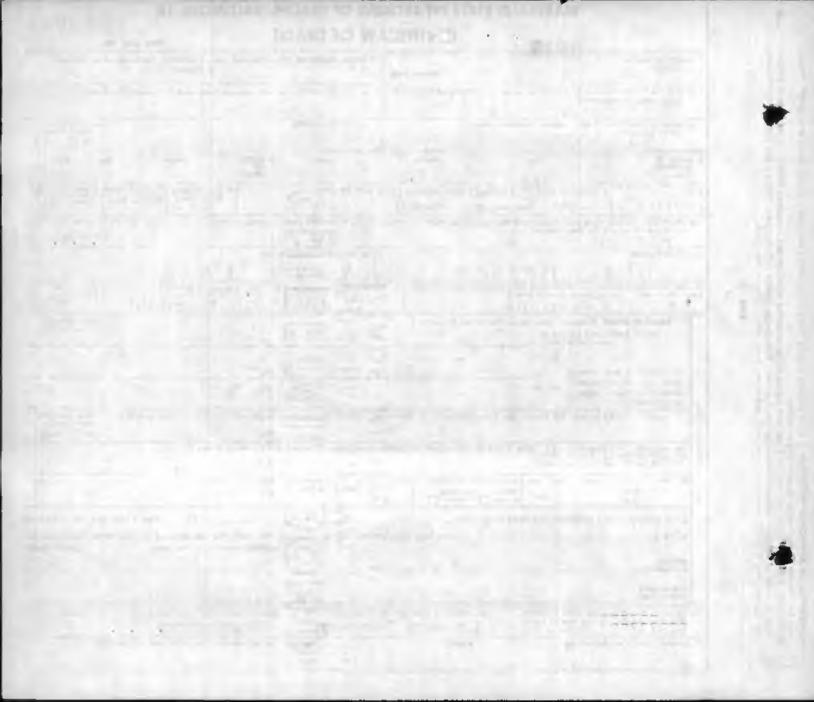
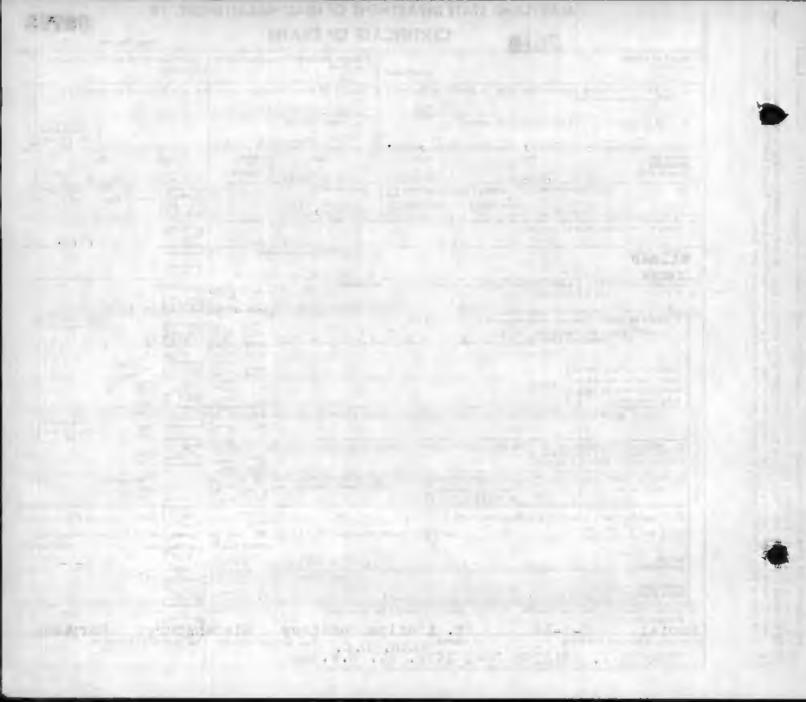
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TO MOSPITAL OR ATTENDING PHYSSCIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4	may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR R: After this certificate has been signed by the attending physician and completely filled in by the peral director.	page 3 shauld beyoched far use as the burial-transit mermit. Then please remove carbon papers. Pages I and 2 st. The filed with the registrar prior to burial, arematica, ar removal, and in any event within 72 hours after death.	

2010	IICAI	E OI DEATI			Reg. Dist. No	
I. PLACE OF SEATH o. COUNTY Montgomery MARY	- 1	o STATE Paryland	ere deceased	b. COUNTY	e George	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)		c. CITY OR TOWN IH a			JRAL and give ne	adrest lawn)
Bethesda 116 days	S	West Hyatt	sville)	16-12-3	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The Clinical Center, Bethesda 11.	Md.	5812 Sarge	nt Ros	d		ON A FARM?
3 NAME OF First Middle		test	4. DATE	Mont	h D	gy Year
OFCEASED (Type or print) Daniel Michael		Alexander	DEATH			19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	Control of the Control	ALGARINGEL		P. AGE (In years		R IF UNDER 24 HAS
Male White WIDOWED DIVORCE		rch 2, 1950		lost birthdoy)	Months Days	Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF			or foreign co	untry)	12. CITIZEN	OF WHAT COUNTRY
during most of working life, even if retired) Student None		Marv	land		7	J.S.A.
13 FADIER'S NAME WITTON	11	4. MOTHER'S MAIDEN N		***************************************		2012026
		D-00-33 - N	. 7 2			
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	17 INFO	Raffella M	- No. 100	v 4.44.		
(Yas no or unknown) (Iff yes, give wer or done of service)	_			lecord Add		
NO NOTE: 18. CAUSE OF DEATH [Enter only one course per time for (a), (b), and (c).]	The	Clinical Ce	nter,	Bethesda	1h, Ma:	ryland
Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.				2		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH II FRINCE, NOTIFY MEDICAL EXAMINER	ATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART I(o)	PERFORMED?
	CCURRED. (6	Enter nature of injury in I	fort I or Part	II of item 16.)		
Hour o. m. 19 While of work of work	factory	OF INJURY (Home, form, urret, office bldg., etc.	1		(County)	
21. I certify that I attended the deceased from Octobe of the on February 1 , 1959, and that signature for the february 1 , 1959, and the february		corred of 3:18a The Clinic	M, from ADDRESS (Str al Cen	the causes of ites of it	nd on the do	aw the deceased above DATE SIGNED 2-1-59
22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME	ETERY OR C			on (City, town, o	r Countyl	(State)
REMOVAL (Specify)						
on the state of th		Camatary	D BY REGISTR	densbut	TRAR'S SIGNATU	ary and
FRNACIS J. COLAINS 3821 14TH.	SH.I	N.W. DATES	1 59		1 8. Thurs	
LUMACTO OF COUNTING COST 141U*	DI	TABALO DAIR'D	T			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01991

	2020	CERTIFICA	ATE OF DEATH	П		Reg. D	ist. No				
L. PLACE OF DEATH COUNTY	~	MARYLAND	2. USUAL RESIDENCE (W	here decessed	b. COUNTY			re odmir	aion)		
b. CITY OR TOWN	(If autside corporate limits, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	outside corpor	ate limits, write f	URAL and	give nee	prest fow	n)		
Bethesda		60 days	X Kensingter								
	ITAL (If not in hospital, give stre	el oddress)	d. STREET ADDRESS	lun Ohu				ON	SIDENCE A FARM?		
The Clini 3. NAME OF	ical Center, Be	thesda ll, Md.	lilli Dresd	ion Str	Mon	4	De		Year		
Type or print				OF DEATH			-	y	19 59		
5. SEX	14. COLOR OR RACE 7. MA	Relyea.	Applement	1	9. AGE (In years		13	IF UND	ER 24 H/S.		
		WED DIVORCED	4	2 001	lest birthdoy)	Months	Days	Hours			
Male	WILLIAM .	6. KIND OF BUSINESS OR INDUS	TOV 11 HISTHANDIACE STOR	1924	314 700	in e	TITENIC	E Wite	T COUNTRY?		
during most of wo	rking life, even if retired)			or ionargin six	Omiry1				COUNTRIE		
	ieming Installe	r Air Condition			lumbia		U	S.A			
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME							
Lauranca	V. Appleman		Margaret (ogan							
S. WAS DECEASED EV	FR IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. #	WORMANT The Med	lical H	ecord Add	1913					
Yes		nascertainable				edo 1	lh '	Mary	heaf		
			A LEG . GIT TITLE A	- VISITE	A DE MIG	STAR					
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH										
0.4	IMMEDIATE CAUSE (0)	Hodgkin's Dis	20434			_	_				
001	201X DUE TO										
	Conditions, if ony, which) (b)										
	gove rise to immediate DUE TO										
	Tying couse last:										
PART II. OI	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PA	R† 1(0)	PERF	AUTOPSY ORMED? NO		
	YAS UNDERLYING [] 206. D G CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Port I or Port	If of item 18.)						
Y 20c. TIME OF INJU	Io Whi		ACE OF INJUSY (Home, fore story, street, office bldg., ex	201. (City	or town)	7	(County)		(State)		
actual signature Physician's Name (Type)	G. Richard Lee	ee MD.	15 , 19 58 to Fe occurred at 5:00 The Clini National Bethesda	AM, from ADDRESS (SII Loal Ce Instit	the causes of set, city or town, enter cutes of	ind on t	the da	le stot			
C ferrial Cremati	ON. 275. DATE THEREOF 1 2/13/59	Cedar Hill	R CREMATORY		ind, Md.	ounly)		(\$10	te)		
Robert A	rs signature . Pumphrey-E	Bethesda, Md.		B 1 8 59		THAR'S SI					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be totached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar prior to burial, cremation, as removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

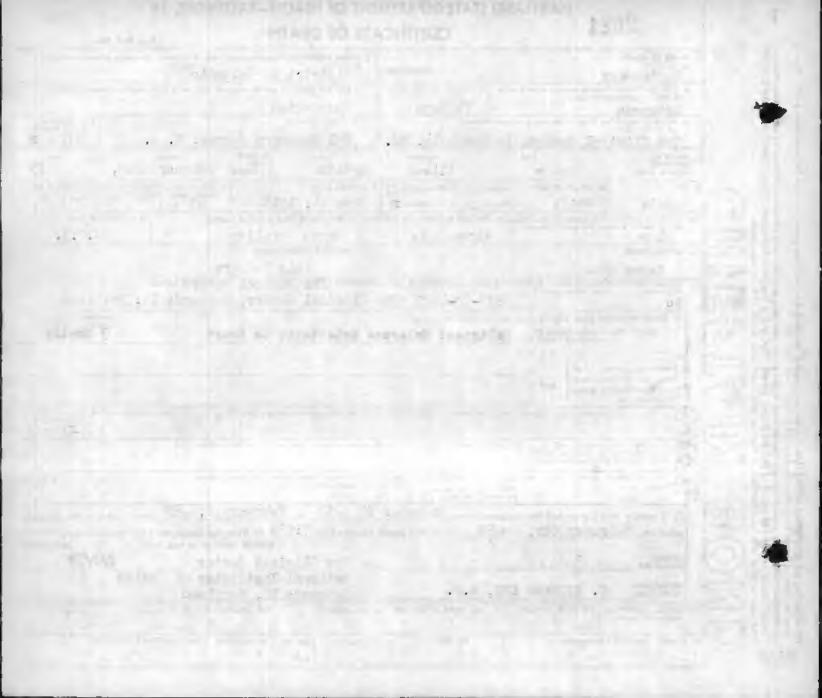
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V							-		Reg. Dist	f. Ne.	
Montgome	2497		MARY	LAND	2. USUAL RESIDES	ACE (MP	ore decease	umbia	stion: Residence	e before adm	ission)
	(If outside corporate limit	ls, wičle	e. LENGTH OF STAY	IN 15				role limits, write		ive negrest to	swn)
Bethesda			74 Days		Washin	gtor	1	1	6x- 6	2	
	TAL (If not in haspital, s		oddress)	MA	d STREET ADD		ann Ass	onua ¢	TP	e. IS R ON YES	ESIDENCE A FARM?
The Clin	<u>ical Center</u>	A		Md.		COLLE	4. DATE	enue, S.	- Eig		
[Type or print]	Monda	31	Aliene		Aycoth		OF DEATH		ary 6th	Day	19 59
S. SEX Female	White	7. MARI	DED NEVER MARRIE	L	June 24.	191	2	P. AGE (In year loss birthday	Months I	YEAR IF UN Days Hour	
	ION (Give kind of work			7000				-		ZEN OF WHA	4 T. COLUMN
Clerk	rking life, even if retired		Automobile	W INDUS			colina		12, Cili	U.S.	
3. FATHER'S NAME					14 MOTHER'S M	AIDEN N	AME				
James	Ashe						Rodge				
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. IN	FORMANT The	Med	lical	Record	dress		
No	for hard dies has the control of the	57	7-30-4077	The	Clinical	. Cer	ter,	Bethesda	a 14, M	larylan	nd
	ATH [Errer enly one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Mal	e for (o). (b). and (c).		a Metasta	tic	te He	art		ONSEL AN	BETWEEN D DEATH
1	DUE TO										
Canditions, if	immediate										
touse (a), stating lying cours lost.	the under-										
PART II. OT	THER SIGNIFICANT CON	DITIONS C	OHTRIBUTING TO DEA	ATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEAS	E CONDITION O	IVEN IN PART	1(a) 19. WA PERI YES	FORMED?
200. ACCIDENT WORLD CONTRIBUTING	AS UNDERLYING COME CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED	. (Enter nature of in	njury in F	Port I or Port	I II of item 18.)			
20c. TIME OF INJUI	RY Month, Day, Yes	20d. It While of work	NURY OCCURRED	20e. PLA Fact	CE OF INJURY (Ha lary, street, office b	me, form idg., elc.	20f. (City	or town)	(Co	ounly)	(State)
21. I certify I	hat I attended the	deceas	ed from Novem	ber	24 1958	to Fe	bruar	y 6, 195	that 1 lt	nst saw th	e deceas
alive an_Fe		. 12 0			accurred at]	:051	M. from	n the couses	and an the	e dote sto	ited abov
	11/1	16						rest, city or tow			DATE SIGN
ACTUAL	2KA had	L	10-	J.	The Cl	inic	cal Ce	nter		2/6/59	,
990		-			Nation	al I	Instit	utes of	Health	l I	
PHYSICIAN'S NAME (Type)	G. RICHARD	LEE	M.D.		,			ryland			
720. BURIAL, CREMATA		F-9	THE NAME OF CEME	TERY OR				HON (City, low)	or county)	md s	lale)
23 FUNERAL DIRECTO	K'S SIGNATORE	1	ADDRESS 3	7 1/4	, ,	4a. REC'(BY REGIST	RAR 245 RE	GISTRAR'S SIGN	NATURE	
(L. Wm	Leva	10	no Co Ila	1.21	De. 78.0	FEB	1 0 '59	Lin	Lun & 16	maketh .	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attenting physician.

TO FUNERAL DIRECTA: After this certificate has been signed by the attenting physician and completely filled in by the period director, page 3 should be reviached for use as the buriof-transit permit. Then please carbon pagers. Pages 1 and 2 should be filled with the registror prior to buriaf, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55



augg			CERT	Reg. Dist. No.							
1. MACE OF DEATH	MAR	YLAND	USUAL RESIDENCE	R (Where decease	ed lived. If institu b. COUNT	V	tham				
Bethesda	3 days	YIN1b	Seaview	N (IF outside corp	porote limits, write	RURAL and	give neo	erest fow	n) 🎺		
d. NAME OF HOS	PITAL III not in hospital, air		dress)	Md.	d. STREET ADDRE	55					SIDENCE A FARM?
J. NAME OF DECEASED (Type or print)	Evelyn)	Claudia		Bailey	4. DATE OF DEATI		onth LTY	21	y	Yeor 19 59
Female	6. COLOR OR RACE	7. MARRIED			ecember 2	5, 1936	9. AGE (In year lost birthday)	Months		Hours	ER 24 HR5 Min.
Factory W	TION (Give kind of work dorking life, even if retired) ORKER	-		Lvate)	Virgi	nia	country)	10000	U. S		COUNTRY
Elijah Co	llins				Alberta						
IS. WAS DECEASED E	VER IN U. S. ARMED FORCE	vice)	0-48-1931		Clinica				, Ma	ryla	ind
Conditions, it gove rise to couse to), stolin lying couse to:	immediate DUE TO	Hypa Hypa Imorphicon	essell extression to or	EATH BUT NO	enclovas or recated to the		JULEON C	LE IVEN IN FA	FT 1(0) 1		AUTOPSY PRIMEORY NO DR
OR CONTRIBUTION	FY MEDICAL EXAMINER				Enter nature of inju						
20c. TIME OF INJ	1.	While of work	Not while	factor	OF INJURY (Home y, street, office bldg	, rorm, , 209. (C)	ly or town)		(County)		(State)
ACTUAL SIGNATURE	National Institutes of Health										
220. BURIAL, CREMAT REMOVAL (Special	ION. 276. DATE THEREOF	59	72¢. NAME OF CEA	AETERY OR C	REMATORY	27d. toca	ATION (City, town	ter-		(510)	(0)
23. AUNERAL DIRECTO	OR'S SIGNATURE	_	ADDRESS	of ten	240.	LEB A SECTION	STRAR 245 REC	STRAR'S S	GNATUR	E A	

TO FUNERAL DIRE TO HOSPITAL OR

eral director, So-filed with

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often death. Page

R: After this certificate has been signed by the attending physician and campletely filled in by the ached far use as the buriod-transit permit. Then please remove carbon papers. Pages 1 and 2 sh

haspital or attending physician,

buriol, cremotion, at remayol, and in any event within 72 hours after death

The state of the s Lucial spect

ten 20 Film 245 5 1987 ams CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) e. COUNTY b. COUNTY MARYLAND. Montgamere b. C TY OR TOWN [II outside corporate min write E LENGTH OF STAY IN 16 c CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and deve neptes) lown! Elkrona. Dest of NAME OF HOSPITAL (If not in hispital, give street address) d STREET ADDRESS S RESIDENO OR INSTITUTION ON A FARM? YES NO X action Danctary in I NAME OF 4 DATE Yeor DECEASED (Type of print) DEATH 9100 19.5 300 m PYNNYY 9 AGE (In years 6. COLOR OF RACE | 7 MARE ED | NEVER MARRIED A DATE OF BIRTH IF UNDER THEAR IF UNDER 24 HIP lasi birthdoyl Months Doys Hours DIVORCED . W DOWED The USUAL OCCUPATION Give kind of work done Ob RIND OF BUSINESS OR INDUSTRY 11 DRIMPLACE (Store or foreign country) 12 CITZEN OF WHAT COUNTRY? during most of working life, even if retired) LIVE 3 FATHER'S NAME 14 MOTHER'S MAIDENTMAKE 15 WAS DECEASED EVER IN U.S. ARNED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address INTERVAL BETWEEN III CAUSE OF DEATH (Enter only one couse per line for (o), (b), and c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Candillons of may which ; gove rue to immediate cause (a), stating the underying couts last PAIR IL OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE COND TION GIVEN IN PART TO THE WAS ALTOPSY PERFORMED? YES NO ! 200 ACC DENT WAS UNDERLYING DOR CONTRIBLTING DOLCAUSE OF DEATH (FE THER NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW MILITY OFCURRED (Enter nature of injury in Part t or Part II of Jam 18.) . ti , to the f right . n. 20c TIME OF INILITY Month 20e PLACE OF NULRY Home form (20f (City or lowe) Doy Year 20d INJURY OCCURRED (Stole) (County) foctory street affice bidg. etc.) White Not white of work | of work , 19, Julihot Flost saw the deceased , 1922, and that death occurred at 3.77 f.M. from the causes and on the date stated above ADDRESS (Street city of lown, state) DATE SIGNED ACTUAL // ntro PHYSICIAN'S NAME (Type) 1001404 22g BURIA, CREMATION, 22b DATE THEREOF 774 NAME OF CEMETERY OF CREMATORY 22d LOCATION City lown or country REMOVAL (Specify) Rockville Cemeterv Rockville, Maryland Burial 73. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR S SIGNATURE 240 REC D BY REGISTRAR 7857 ll LAL CLOSE THOMESERS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1 /.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1988 Reg Dist No
9.9	PLACE OF DEATH COUNTY 0 STATE (No. 0) b COUNTY (No. 0)
200 E 00 E	mont gomer & larixand limit gomerise
23	and pre water town
32.78	d NAME OF TOSPITAL OF THE ON I NO IN hope to the oddies; A STREET ADDRESS TO SEE THE STREET ADDRESS
2000	IN WEARA
100 mm	Towns Are
9000	DRCEASED
St. B.	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRSHY 9 AGE (IN THE ACT) IF UNDER TYPE ACT IF UNDER TY
moy with	WIDOWED DIVORCED DIVO
400 and 200 an	100 ISUAL OCCUPATION [Give kind of work done 10b. KIND OF BLSINESS OR INDUSTRY (1 BIRTHE/ACE (State or oreign country) 12 (1 ZEN OF WHAT COUNTRY)
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Retired Sight Seeing Gaide Vixania Uxania Uxan
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LI. FATHER'S NAME
THE BEAR SET	Eduard Thomas Beadey Unknown
X a L a L	15 WAS DECEASED EYER N U. S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Address
4 4 5	No Mr. Renneth W Boasley - Son
48 0 8 E	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
Page .	PART P. DEATH WAS CAUSED BY, Oronlary acclusion Sudday
9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	DUE TO
* 50 5 5	Conditions Forty which (b)
Pie	(a, stoting the underlying DUETO
San	(conte joi.
agt and a state	PART OTHER'S GN FE ANT COND TONS CONTRIBUTING TO DEATH BUT NOT RE ATED TO THE TERM NA D SEASE CONDITION GIVEN IN PART TO PERFOR AND PERFOR AND
in a signature of the s	Too external cases was 1200 DESCR SE HOW INJURY OF SRED (Enter notice of noisy front to tem 18)
d by delay	200 EXTERNAL CAUSE WAS 200 DESCR SE HOW INJURY OF LARED (Enter notice of highly Part Lot lem 18) CAUSE OF DEATH!
Thursday	
F CONT	20c TIME OF INJURY Month, Day Year 20d IN JRY OCCURRED 20e PLACE OF INJURY (Home form, 20f (City or lown) (County) (State; Hour o. m. While Not white of work of work of work of work of work of work of the pure state of the place of the pla
MIN Bridge Dr. og	21 I certify that I look charge of the remains described above, held an Autopsy . Inspection . Inspection . nau ry
X PKS	opin an deal resulted from Natura couses X Accident Suicide , Hamic de Jindelermined manner
₹ 6 8	A A C
010	SIGNATURE FRANK & Bushout M.O CHIEF MEDICAL EXAMINER (
ME Suc	ASSISTANT MEDICAL EXAMINER
A Paragraph	EXAMINER'S FLAWK J. Broschart DEPUTY MEDICAL EXAMINER 18 2-16-59
A SERVICE	170 BURIAL CREMATION 726 DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY 270 SCATION (City fown of county)
0 00	Bund 2/19/09 Uman Centery Butansulle Mid
V\$ A 5ME	ADDRESS C PAG REC D BY REG STRAIN 246 REGISTRAIR S SIGNATURE
5M 7/87 2 TV	We Will Danaldson, Karrel My DANEB 20'59 1 " Three

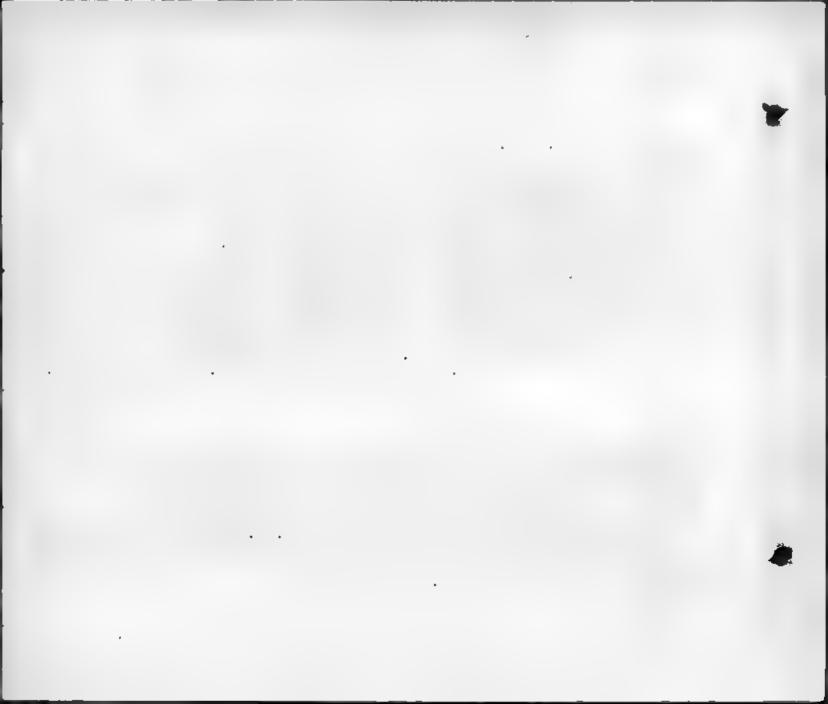
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



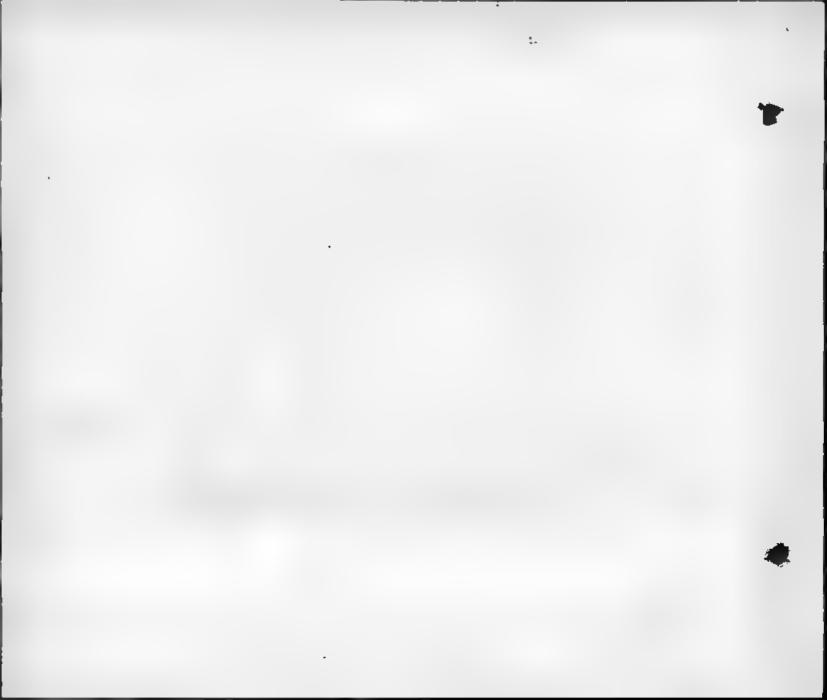
and to 6 physician gnibrating Ser. DIRE HUNERAL HOSPITAL 2 VS A15 (4)



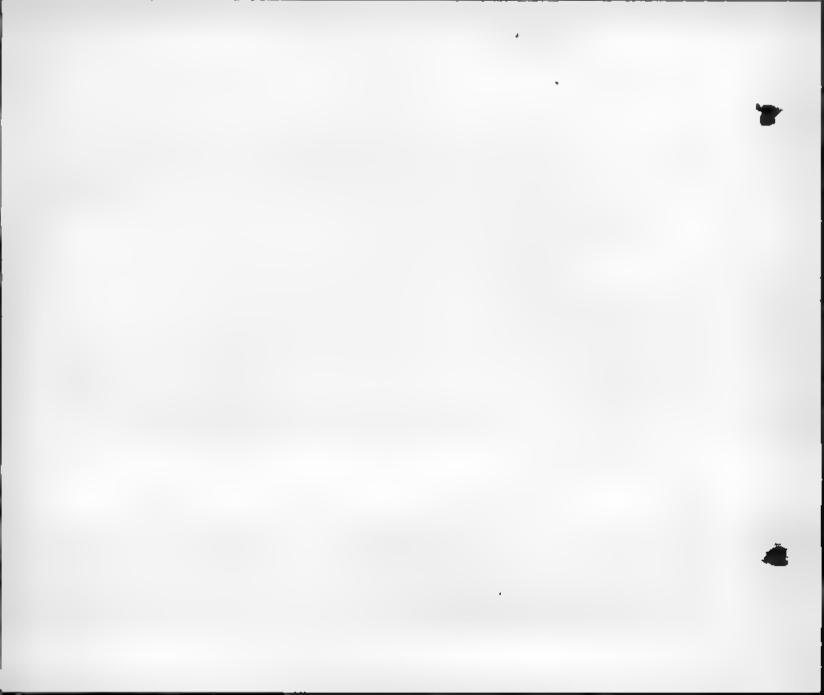
1		1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
				2026 CERTIFICATE OF DEATH
director	拼)	1	LACE OF DEATH COUNTY MARYLAND 7 USUAL RESIDENCE [Where deceased lived. If institution Residence before adm isson] o STATE Labarian Labarian
				C TY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give negretal town)
				Bethesda 8 days Beirut
by 15	4			NAME CF HOSP TAL (I not in haspital, give street address) OR NST TUT ON The Clinical Center, Betherda 11, Md. P.O. Box 2618 # IS RES DENCE ON A FARM YES \[\] NO [6]
5 5				NAME OF F(3) Middle tost 4 DATE Month Day Year
= =				(special Michelle Christine Braefladt Diam February 13. 19 59
700			5 5	6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9 ADE 110 years FUNDER 14 HE
2 2				Female White WIDOWED D OWORCED August 3, 1950 8 75.
de de	1	1	10o	USUAL OCCUPATION (Give kind of work done 10b. RIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 17 CITIZEN OF WHAT COUNTRY
20 61)		Student None Casablanca, Morocco
9 6 3	, ,	1/1	13,	ATHER'S NAME 14 MOTHER'S MAIDEN NAME
9 8 7	5 ~			James Braafladt Yvette Bouchier
14 ye	Ď.		ış	WAS DECEASEDEVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO 17 INFORMANT The Medical Record Address.
5 5	4		1-41	No None The Clinical Center, Bethesda lu, Maryland
40 4				INTERVA. RETWEEN.
= 7	5			PART I DEATH WAS CAUSED BY MANUEL LAND DEATH IMMEDIATE CAUSE (0) of green house Lynn komes
충분	P .			DUE TO
9-				Conditions Fany which } (b)
pare	5			gove rise to remediate Cause (p), stoling the under OUE TO
5 2 1				Ty ng coste lost (c)
S C C	-		Z	FAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
or in	3	- 1	CAT	VERICAMEO7 VES T NO T
ficate h			CERTIFICATION	200 ACC DENT WAS UNDERLYING () 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18.) OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
h s cerh			MEDICAL	NOC. TIME OF INJURY Month. Day Year 20d INJURY OCCURRED Hour a. m. 19 White Not white of work at work at work at work at work.
Spill for 1	3			21. I certify that I attended the deceased from February 5, 19 59, to February 13,19 59, that I last saw the decease
A A B				alive an February 13, 19 59, and that death occurred at 10:25 M, from the causes and an the date stated above
0 2	5			A PADORESS (Street city or town, stote) DATE SIGN)
2 P 0 2	5			ACTUAL J. (NA Mp. The Clinical Center 2-13-59
DIA L	Š.	-7 [National institutes of Health
At A		j		NAME (Type) Nathan S. Taylor, M. D. Bethesda 14, Maryland
FUNER	5		720	BURIAL CREMATION, 17% DATE THEREOF THE
				REMOVAL Specify 2-17 (1 sombion throting 27th reflow the
6 5 5			23.	UNERAL DIRECTOR'S SIGNATURE ADDRESS 240 RECUSTRAR ON REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57			6	Placeme +1-+
1-2111 1-117 119		ŀ	-	



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	202 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11999
HEALTH DEPT.	Reg. Dist. No 1 PLACE OF DEATH 2 JEVAL RESIDENCE (Where deceased lived it instruction Residence before admis a
60 £ es	O COUNTY MORELSOMERY MARYLAND O STATE MED DOUNTY MARTIN
- 18 KI	b CITY OR TOWN If avaide carpo up to the town of the process town of gregorous and give fraction town
	Silva Apring 17 ym Silvan Spring
Boo de	d NAME OF HOSP TAL OF INSTITUTION (for in hospital give street address) d STREET ACCORESS
1.508	3. NAME OF DATE Month Day Years
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2000	13 FATHER'S NAME IL MO'HER'S MA DEN NAME
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	15 WAS DELEASED EVER N. U. S. ARMED FORCES? 16 SOC AL SECURITY NO. 17 INFORMANT Des, no. or unknown) 10 year, given any or defen of service) EVER N. U. S. ARMED FORCES? 16 SOC AL SECURITY NO. 17 INFORMANT
18 19 19 19 19 19 19 19 19 19 19 19 19 19	THE CAUSE OF DEATH (Enter only one course per line for (a) (b) and (c)
ond ond	PARTI DEATH WAS CAUSED BY, Checkral fremon hage & lacination Consist AND DEA
101	DUE TO Second
0000	Good trong (ony which) (6) Bullet wound There street
9.00	(e), stet og the woderlying DUETO
E SON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (0) 179 WAS A TOPSY
Tarage O	PERFORMED? YES IN NO [M]
d be	206 EXTERNAL CAUSE IVAS 206 DESCRIBE 10W IN., RY OCCURRED Enter natural of injury in Part of Part of Item 18.) PRIMARY DO CONTRIBUTING TO THE PRIMARY OF THE PRIMARY OF THE PART OF THE
Page 1	Nell material fuller When
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4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	21 I certify that took charge of the remains described above held an Autopsy Inspection of ingury 71 and my
255	opin on death resulted from Natural couses 🔲 Accident 🗒, Suicide 🗶 Homicide 🔲, Undetermined manner 🛄
9	ACTUAL A / A B A A A COUNTRY OF THE SIGNED
Part Car	SIGNATURE Trank J. Drose Front M. D. CHIEF MED CALEXAM NER []
des des	EXAMINER'S FLANK T. BLOSCHANT DEPUTY MED CAL EXAM NER EL 2-14-59
N. S.	270 B RIA CREAT ON 276 DATE THEREOF 276 NAME OF CEMETERY OR CREMATORY 22d ECCATION (C by Jown or county) (Sinte)
6409	PYTETAT 2/16/59 PORK CKE JK CENTET JKY WE TO ADDRESS
S A 5ME 5M 2 57	ADDRESS 1 1. LIN 1 1 PEGESTRAR S SIGNATURE
	- San of the sand



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



2029 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) · COUNTY **6 COUNTY** MARYEAND 181 Montaomeri Maryland *lontdomeru* b CITY OR TOWN If outside corporale limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, we'te RURAL and give negrest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS 6008 Walhonding 6008 Walhonding Rd.Glen Echo Hats bashinatan De NAME OF DATE Maddle. Month DECEASED (Type or pont) DEATH Tda Belle Buck AGE (n years 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED T & DATE OF BIRTH lost-bull-day) DIVORCED | WIDOWED Femole10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Housewife Home Bland Co. Virginia 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Rebecca Elizabeth Shannon Jefferson 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. lllams 728 Road Echo eose 18 CAUSE OF DEATH [Enter only one cause per one for (a), (b), and a PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (OL 1150.0 Conditions if any which gove the to immediate **DUE TO** ž couse (o), stoting the underly ng coute foil OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01 19 WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER INOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OF CURRED (Enter nature of injury in Part 1 or Part is of Item 18.) 20st PLACE OF INJURY Home form 20c TIME OF INJURY Month 208 INJURY OLCHRED 20f (City or fown) foctory street office bidg etc.) Hour a m No wh a WED White at work at work 21 I certify that I attended the deceased from ighd that death accurred at ACTUAL PHYSICIAN'S NAME (Type) FUNERA age 3 3 226 DATE THEREOF 220. BUR A. CREMATION. 22¢ NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) /8 West

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YS A15 (4)

15M 9/55

23 FUNERAL DIRECTOR'S SIGNATURE"

Drive. Arlington.

uneral

Arlington

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE

YES NO

F UNDER 24 H

Hours

12 CITIZEN OF WHAT COUNTRY?

Year

Reg. Dist No.

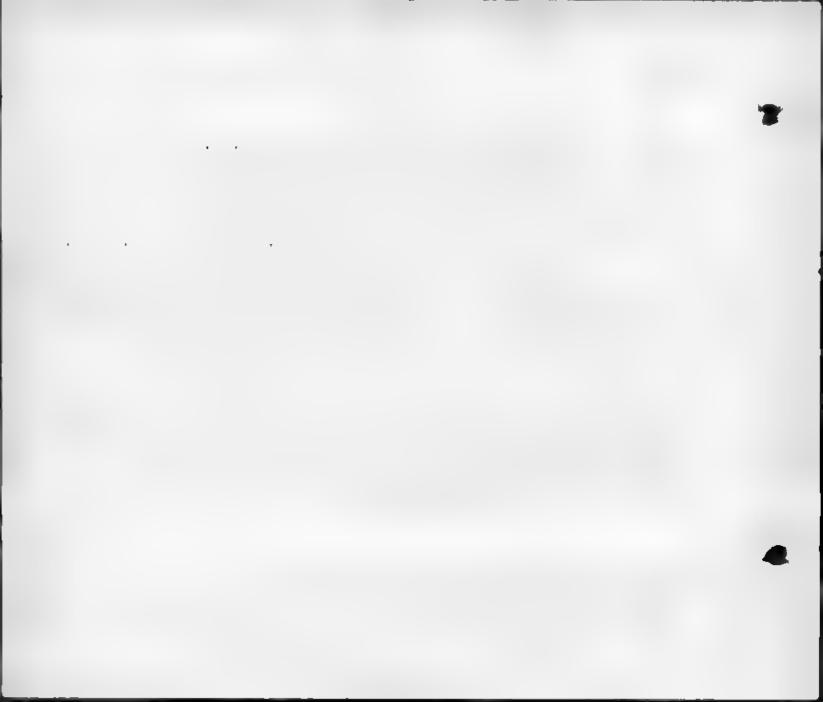
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Manths

6008 Walhonding Waryland Helohts. NTERVAL BETWEEN ONSET AND DEATH PERFORMED? (County) a5totel Lithat I lost sow the deceased M, from the couses and on the date stated above ADDRESS (Street city or fown, state) DATE SIGNED 22d LOCATION (City lown or county) (Stote) Wutheville240. REC D BY REGISTRAR 246 REGISTRAR'S SIGNATURE FEB 3



FOR STATE HEALTH DEPT.

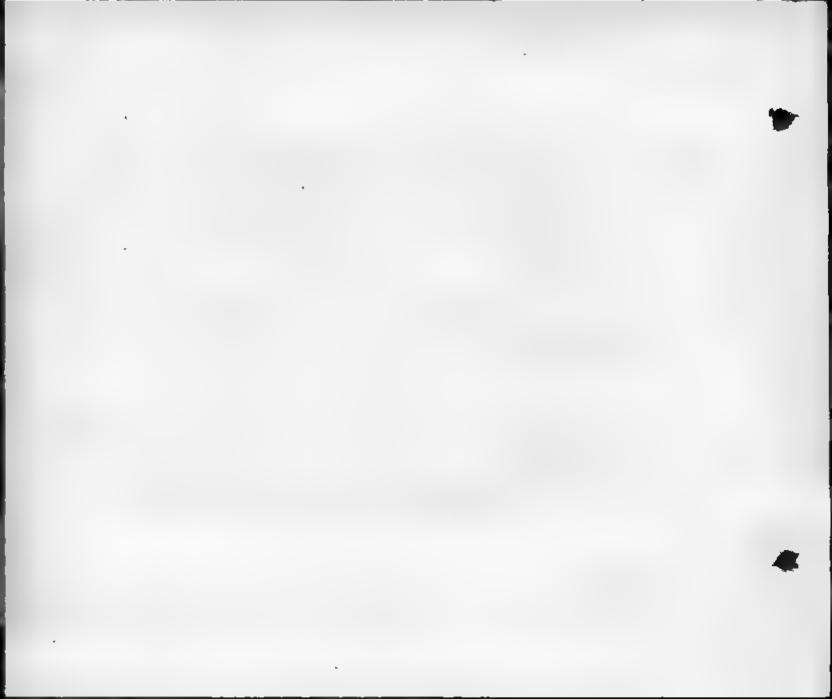
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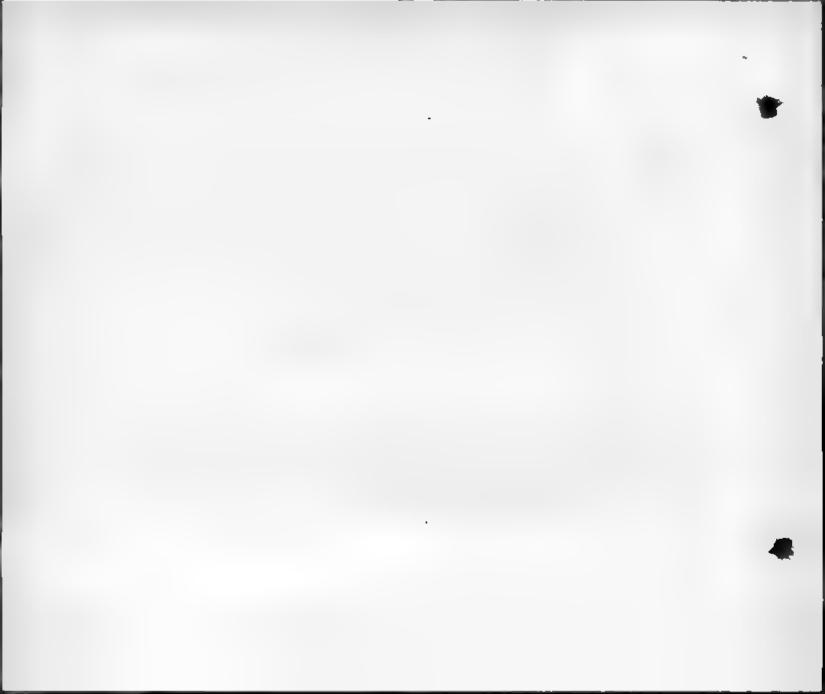
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2030 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg Dist No. 1)2002

	1 PLACE OF DEATH	Ī	2 USUAL RESIDENCE (Where deceased to-	ed. If institution Residence before admission)
	Montgomery	MARYLAND	* STATE Maryland	Montgomery
4	b. CITY OF TOWN Ht outside corporate finish, write BURAL strid give readrest found.	C LENGTH OF STAY IN 16		smilt, write RURAL and give nearest fowh)
	Kensington	Several hours	Silver Spring	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address'	d. STREET ADDRESS	ON A Feb
	Kensington Armory	J	10,106 Georgia Av	renue YES 🔲 14C 🕞
	3. NAME OF First DECEASED	Middle	Last 4. DATE OF	Month Day Year
	James James	Platt.	Bull SE. DEATH	Feb. 22 1959 19
	5. SEX 6 COLOR OF RALE 17 MARRIE	DE NEVER MARRIED DE	land	brilder Months Days Hours Min
	male white w power	feed		16 yes.
	105 UST AC OCCUPATION (Give kind of wark done 105 K during mast of warking life, even if refired)			
	Clerk (retired) Gar	finkel's Dept.S	More Newburg, New 1	fork U. S. A.
	Daniel Platt Bull		Carrie Toleman	
	15. WAS DECEASED EVER HILL S ARMED FORCES? 16		FORMANT	Address
	Man	68-26-7391 63-12-6521 Mr	s. Ella F. Bull, Sil	ver Spring, Md.
1	18. CAUSE OF DEATH (Enter on y one cours per ne	A		(N. FVA BET AF IN
1	PART I, DEATH WAS CAUSED BY:	Coronary Occ	lusion	sudden
1	MAMEDIATE CAUSE (m)			-
	Conditions of any which) (6)			
	gave rise to immediate couse OUE TO			
	cavie laif (r)			1
	ART II OTHER'S GNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH & TIN	OT RE ATED TO THE TERMINAL DISEASE CON	TO TON G YEN IN PART OF IT WAS ALTOPSY PERFORMED?
	Rist	ory of previous	heart desease	YES NO 🛅
	PART II OTHER'S GNIFICANT CONDITIONS CO	E HOW NIURY OCCURRED (E)	iter nature of injury in Part ex Part of ite	m 111)
		N. EV PATCH OPER 170- 8:44	E OF INJURY (Home form + 20f (City or to	was (County) State,
	[a] Hour om] White	a _ Not white _ facto	ry street office bidg. etc	and (count)
		ock at work		
	21 I certify that I lack charge of the i	remains described abor	re held an Autopsy [Inspe	ction 🔄, Inquiry 🚉, ond my
	opinion death resulted from Natural o	causes 🍱 - Accident []. Suicide 🗌 Homicide 🔲	Undetermined monner
	1 00	4 4-		DATE SIGNED
	SIGNATURE Trans Q. Jan	re hart	ALO. CHIEF MEDICAL EXAMINER	
			ASSISTANT MEDICAL EXAMINER	2/22/59
	NAME Type: Frank 9. Broscha	rt	DEPUTY MEDICAL EXAMINER	
	776 EUR AL CREMATION 276 DATE THEREOF	274 NAME OF CEMETERY OR	CREMATORY 778 LOCATION	City fawn, or county; (Stole)
	Cremation Feb.24,1959	Fort Lincoln		George's County, Md.
	23 Watther E. Pumphrey, Inc.	Silver Spring	246 REC'D BY REGISTRAN	
	A ALVERAGE () TOXEC	" DITACE DULIN	THE PARTICIPAL PARTY AND A SECOND SEC	Cotton of the

TO DEPUTY MEDICAL EXAMINER. This centricate should be executed within 24 hours often death. If any deavishes execute the central security with a second security of the foreign of the foreign security of the foreign o VS ATSME 5M 2 '57





Poge 4

n 24 havrs ofter death

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed

VS A15 (4) 15M-10/57

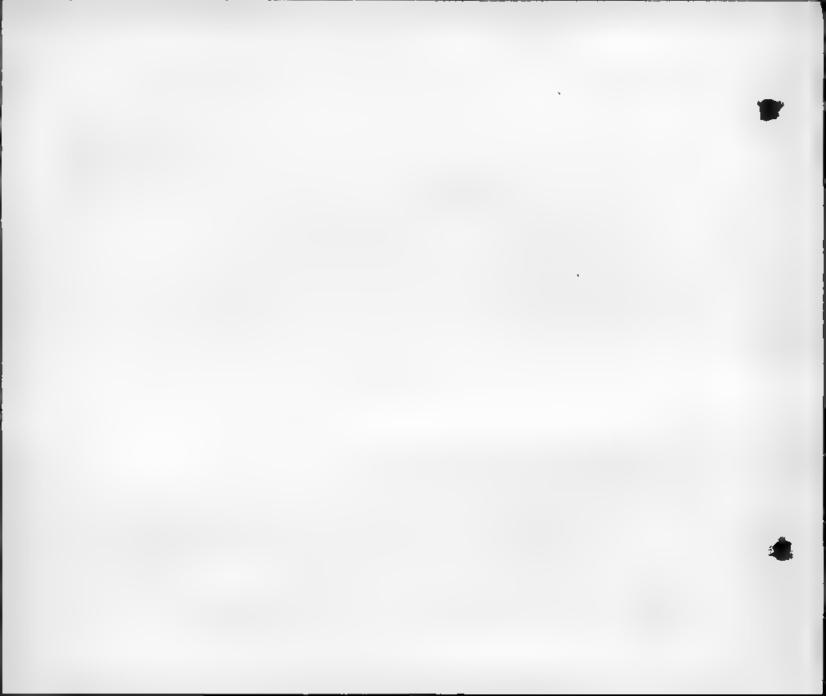
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2032

CERTIFICATE OF DEATH

02003

Reg. Dist. No. 215

0	ontgomery	MARYLAND	Virginia	ere decemed ved if astrution R b (Quart) Arlington					
	CITY OR TOWN If outside corporate fimils, write	c LENGTH OF STAY IN 16		utside carporate limits, write R. RAL					
F	R RAL ond give regress form) dethesda (Rural)	l dav	Arlington	600	4				
	NAME OF NOSPITAL (If not in hospital give street		d STREET ADDRESS		Le S RESIDENCE				
	J. S. Navel Hospital		1130 S. 16	th Street	YES NO				
	UME OF First	Middle	Lori	4 DATE Month	Day Year				
	(Pe or print) Berton	Johnson	BYERS	DEATH Februa	ry 4 1959				
5. SE	6 COLOR OR RACE 2 MAR	RIED KI NEVER MARRIED	DATE OF BIRTH	9 AGE (in years [F U	INDER I YEAR FUNDER 24 HES				
Mal		-	7-21-10	(cs) birthday) Mo	othi Doys Hours Min				
00	SUAL OCCUPATION (Give kind of work done 10b. furing most of working life, even if relired)	KIND OF BUSINESS OR INDUS	TRY 1 BIRTHPLACE [Slote I	or foreign country)	2 CIT ZEN OF WHAT COUNTRY?				
		S. Navy	Tennes	see	U.S.A.				
13. FJ	THER'S NAME		14 MOTHER'S MAIDEN N	AME					
	Charles Clinton BYERS		Mary Franc	es HUTCHINSON					
15 W	AS DECEASED EVER IN S ARMED FORCES? 14	SOCIAL SECURITY NO 17 IN	FORMANT	Address					
	es 11927 to 1959	+20-52-5087 (W) Agnes Marie	Byers, same as	#2 above				
	CAUSE OF DEATH [Enter only one couse per in	ne for (a). (b), and (c)]			INTERVAL BETWEEN				
H	PART I DEATH WAS CAUSED BY THE TEXT ON THE TEXT OF THE CAUSE (0) THE TEXT OF THE CAUSE (0)								
	/ PUF TO								
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	gave rise to immediate Out to								
	coust (o). stor mg the under								
z -	PAIR II OTHER SIGNIFICANT COND TIONS	CANTERDUZINA - 10 DEATH C. T.	AT OF LATER TO THE TERMIN	LAL DITEASE CONDITION, CHIEN II	NOTE AND THE STREET				
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CERTIFIC	OG ACC DENT WAS UNDERLYING TO 206 DES OR CONTRICTING TO CAUSE OF DEATH FEITHER NOTIFY MEDICAL EXAMINER	CRIBE HOW INJURY OF CURRED	(Enter nature at injury in P	art far Part I of Hem 18-)					
MEDICAL	C TIME OF INJUSY Month Day Year 20d I Hour o. m. White	NURY OCCURRED 20e. PLA	Ct OF NJURY (Home form bry street, office bldg etc.)	20f (City or town)	(County) (State)				
) ¥		a ol work	,						
2	I I certify that I attended the deceas	ed from February	3 1959 to Fe	brusry 4 1059 th	at I last saw the deceased				
ء ا				AM, from the causes and					
`	1	1		ADDRESS (Street, City or town state					
	CIVAL L. L.	1117		1 Hospital, NNM					
5	IGNATURE /	E brack AV H	D O. D. Hava	T HOBSTORT, MILE	5-2-27				
	HYSICIAN'S R. G. MUTH, LT.	MC, USN	Bethesda 1	4, Maryland					
72a 8	RAL CREMATION, 776 DATE THEREOF	224 NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City town or co-	unity} (State)				
Bu	EMOVAL (Specify) 2-9-59	Arlington Nat		Arlington	Va.				
73. Ft	NERAL DIRECTOR'S SIGNATURE	AÖÖRESS	24a. REC'0	BY REGISTRAR 246 REGISTRAL	R'S SIGNATURE				
Ad	ans F meral Home, 4748	Wisc. Ave.NW, A			No. of Williams				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2033 Reo. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 6. COUNTY b. COUNTY -MARYLAND 6 CITY OR TOWN (If outside cytoparate limits, write ENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate jimils, write RURAL and give negral town) RURAL and gaye nearest to 220 d NAME OF HOSPITAL (If not an hospital, give street oddress) OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO DE DATE OF DEATH NAME OF 4 Middle Dov Year DECEASED (Type or print) 19 4 4 5. SEX FUNDER TYEAR FUNDER 24 HRS OR RACE 8. DATE OF BIRTH MARRIED TO NEVER MARRIED TO AGE (In years lost birthdor) Months Dogg Hours DIVORCED [] WIDOWED KI pra. VAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? ng most of working life avegut retired) II. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address CAUSE OF DEATH [Enter only one cours pay line for (a) (b), and (c)] NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO and all track or the 2020 1 St. 47 Conditions of any which ! gove rise to immediate DUE TO cours (a), storing the under: ly ng rouse est PARLIM, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL TO WAS AUTOPSY PERFORMED? her will YES NO P 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item III) OR CONTRIBUTING ID CAUSE OF DEATH 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home form, 20H (City or fown) 208 INJURY OCCURRED (County) (Stote) fectory, street, affice bldg., etc.) Hour e. m. Not white of work of work D. 05 2) I cortify that I attended the deceased from 1.4.4.4.4 19. 24 that I last saw the deceased alive on. , and that death occurred at M, from the causes and on the date stated above ADDRESS (Street, pity DATE SIGNED Delstin ACTUAL SIGNATURE DIRE 70 6 2029 "Q" Street, N. W. Earl H. Mitchell Washington, D. C. NAME (Typo) m 220 BUR AL CREMATION 225 DATE THEREO! 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (Chy fawn, or county) Bur. -Transit 2/10/59 Memorial Park St. Petersburg, Florida 0 23 PUNERAL DIRECTOR'S MONATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATUREA DATE FEB 1 1 '59 athesda. Maryland



Taylor & Sons. Annopolis. Md.

246 REGISTRAR'S SIGNATURE

240. REC D BY REGISTRAR

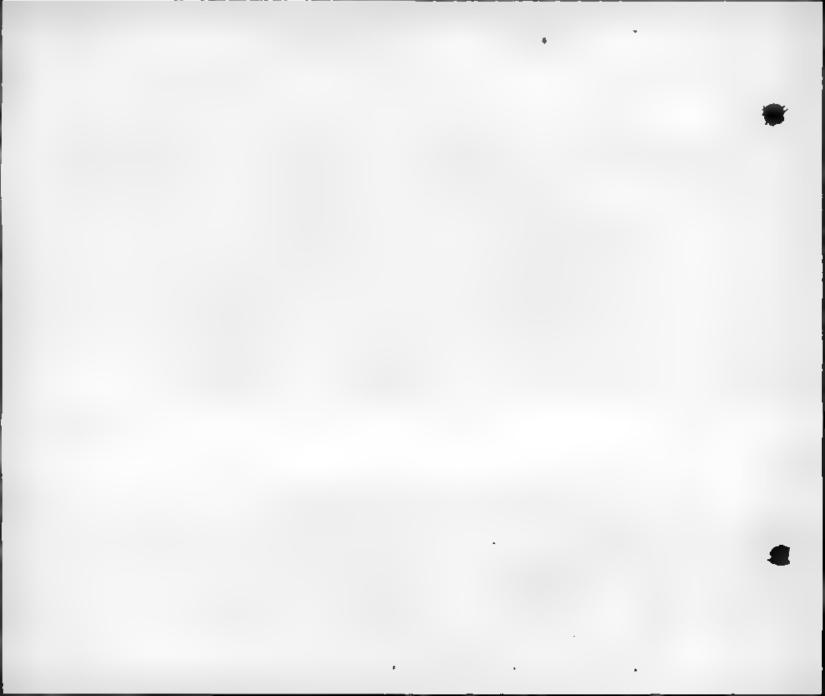
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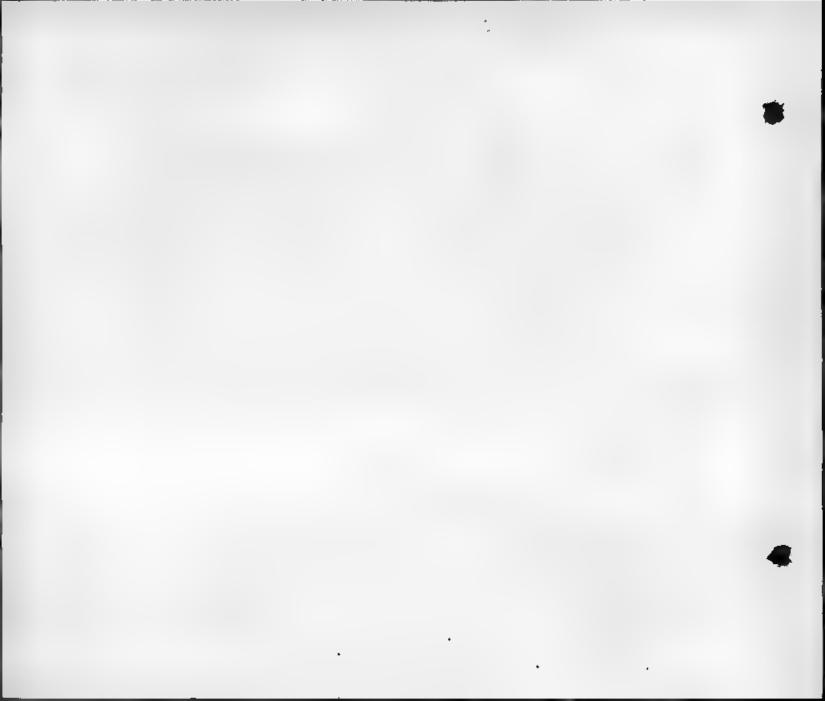
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VS A15 (4)

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1	7		MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
FOR ST	ATE		2035 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg Dist No. 12(1)(1)
	DEPT.		
5 O 4	-81		PLACE OF DEATH 2 USUAE RESIDENCE Where deceased lived. If institution: Residence before admission] 6 STATE In. COUNTY IN.
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č :		1.	Silver shing & me Willer shine
D T C			d NAME OF HOSPITAL OR INSTITUTION II not a hospital give floor address)
10 10 m		720	10112 Pierce II 10112 Vierce in 1850 NO 18
Section of the sectio		- 1	NAME OF DECEMBED OF FINE Month Day Year
the The fire		5. 3	SEX 6 COLOR OR RACE 17 MARRIED 17 DATE OF BRIN 19 AGE 1 19 17 THE UNDER TYPE AT 18 UNDER TY
3 to 3 to may with may			Soul Ser Machine Days Hours I Man
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See See	T	13	FATHER'S MANDEN NAME
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200		15 IV,	WAS DECEASED EVER IN U. S. ARMED FORCESP 116. SOC AL SECURITY NO. 117 INFORMANT
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De			PART I DEATH WAS CAUSED BY D AND DEATH OF THE PROPERTY AND DEATH OF TH
10 0 10			420.1 MAMEDIATE CAUSE 101 Colorary Octherson
on of the			Conditions, If ony, which)
00000			gove / In In immediate course (a), stating the underlying (DUE 10
g g g		1_	[cours ost (c).
Ero ed o	0	Î	PART I OTHER SIGN FICANT CONDITIONS CONTRIBIT NOT TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 6 9 WAS AUTOPSY PERFORMED?
direction of the		Ιŝ	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCUPRED (Enter nature of injury Port I of Part II of Hum 16.)
Me Me		199	206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury Port I or Part II of Hum 18.) CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury Port I or Part II of Hum 18.)
the the		MEDICAL	20c TIME OF INJURY Month Day Year 20d IN JRY OCCURRED 70c FLACE OF INJURY (Home form, 200 ICdy or town) (County) (Store)
Ne se		E E	Hour o no While Mat white foctory, expet, office bidg., etc. p m 9 of work of work
Page			21 I certify that took charge of the remains described above held on Autopsy . Inspection . Inquiry . and in my
S O S			opinion dea hiresulted from Natural causes 🗹 Accident 🗌 Suicide 🔲 Hamicide 🔲 Undelermined manner 🔲
			ACTUAL 4 10 B DATE SIGNED
D Color			SIGNATURE THE SIGNATURE THE SIGNATURE ASSISTANT MEDICAL EXAMINER (
d b d b d b			NAME TYPE FLANK J. BLASCHALT DEPUTY MEDICAL EXAMINER D 2-5-59
CN C		220	SUR A CREMATION 226 DATE THEREOF 22 NAME OF CEMETERY OF CREMATORY 22d LOCAT ON (City town or county) (Stote)
2 2 2			Burial [2/9/59 Mt. Olivet Cametery Washington, D.C.
S A SME		-1	he S. H. Hines Co. Washinston .DC
5M 2 5/		1	he S.H. Hines Co. Washington, DC



IS RESIDENCE

Hours

ON A FARM?

YES NO DE

WAS AUTOPSI PERFORMED?

YES | NO K)-

(\$lote)

DATE SIGNED

246 REC D BY REGISTRAR

Bethesda, Maryland DATE MAR

246 REGISTRAR 5 SIGNATURE

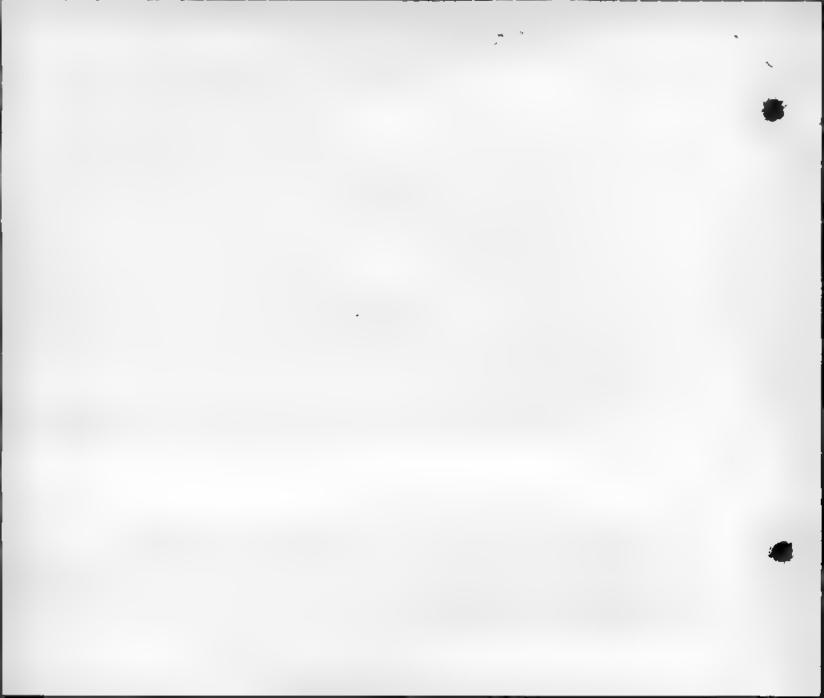
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o VS A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey



VS A15 (4) 15M 10/57

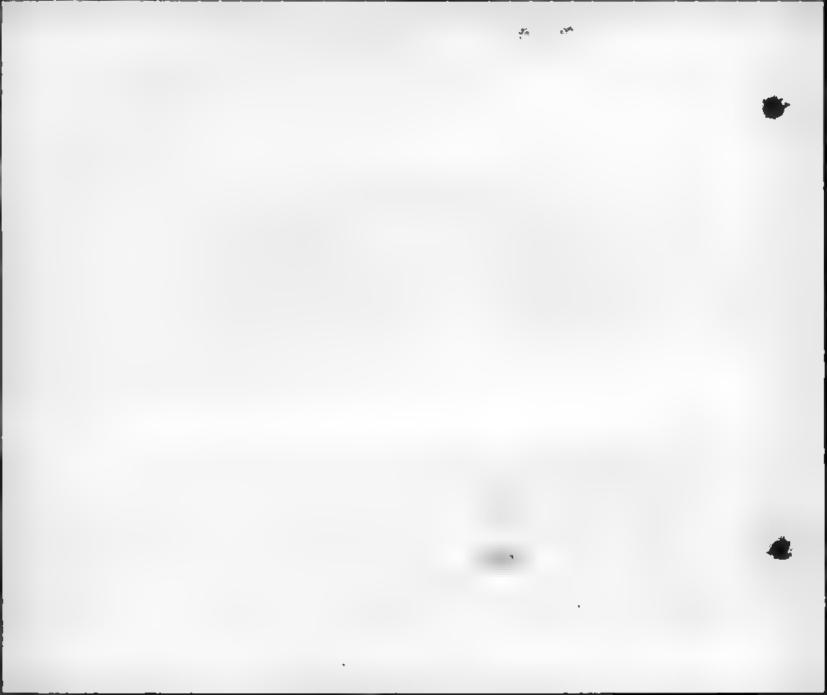
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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2037	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

02009 Reg. Dist. No.

MACE OF DEATH COUNTY MONT GOMERY			MARYLA	FI	USGAL RESIDENCE (* STATE MARYLAND		MONTGON		e before odr	histian
b. CITY OR TOWN 'H outside RUPAL and give nearest h	de corporale limi	is, write	C LENGTH OF STAY IN	16	E CITY OR TOWN (ivo negresi id	pwn'
OLNEY			6 DAYS	- IX	GAITHERS	BURG				
B NAME OF HOSPITAL (+)	nat in hospital, g	jive street	address)	7	d STREET ADDRESS				- ON	RESIDENCE A FARM?
MONTGOMERY COL	UNTY GEN	ERAL	HOSPITAL,	NCI	RT. #1				AEZ	□ NO Ø
DECEASED (Type or prof)	Fire		Middle		701)	4 DATE Of	Mor		Doy	Yeor
		PER	LEE		ANFIELD	DEATH	CEON		25	19 59
	DLOR OR RACE	WIDOW	PIÉD NÉYER MARRIED ED FY DIVORCED (10/2/70		9 AGE (n years lost birthday) 88 zn	T-	Days Hav	
100. USDA, OCCUPATION (G)	HITE				, -, -, -	nda na firanca		12 (12)	TEN OF WA	AT COUNTRY
Retired	Farme	r	KIND OF BUSINESS OF	MDOŞIKI	WEST VI				USA	A' COUN'R
13. FATHER'S NAME				h ₄	MOTHER'S MA DEN			-		
Unk nown					Unk now					
IS WAS DECEASED EVER IN U	S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17 SHEOI	THAM		Add	resi		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	203 5	STATE DEPARTM	ENT OF HEALTH	I—BALTIMORE, 1 I	8 02	010
L		CERTIFICA	AIE OF DEATH		Reg. Dist. No.	912
1	PLACE OF DEATH O. COUNTY		2 USUAL RESIDENCE (Wh	ere deceased wed. If institution	on, Residence befor	e admission)
	L'ont omery	MARYLAND	District o	f Columbia		
Г	b CITY OR TOWN (If outside carporale fimils, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN II o	viside corporate limiti write fil	LRAL and give nea	rest (own)
	Bethesda (R.ral)	56 days	Washington	. v.C.	a.w	
-	d NAME OF HOSE TAL If not in hospital, give three OR INSTITUTION		d. STREET ADDRESS			S RES DENCE
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3	NAME OF First	Middle	Lori	4. DATE Mon		
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ļ.,	Timothy CARMODY		Mary Ann			
13	WAS DECEASED EVER IN J S ARMED FORCES? 16 in the property of the property of dates of written		NFORMANT	Adde		
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	IB. CAUSE OF DEATH [Enter only one couse per i	ine for (a), (b), and (r')	7 .	60		ET AND DEATH
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	y ng couse (as)					
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FICATION						YES NO T
Ě	20s. ACCIDENT WAS UNDERLYING [] 20s. DE	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	art I or Port II of Hem 18.)		
CERT	206. ACC DENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH F ETHER NOTIFY MEDICAL EXAMINER)					
3	20c TIME OF NURY Month, Day, Year 20d	NIURY OCCURRED 20e PL	ACE OF INJURY (Home, form,	20f (City or fown)	(County)	(State:
MEDICAL	Haur a.m. 19 While	Not white for	ctory, street, office bldg., etc.		(,	
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	21 I certify that I attended the decea					
	olive on February 7 15	Z, and that death		M. from the causes a		
	ACTUAL OF MICH	1011 .	*	ADDRESS (Street city or town,	statu)	DATE SIGNE
	SIGNATURE AT A FORM	12200	M.O. U.S. Naval	Hospital NNM	7 4	2-8-52
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27¢ NAME OF CEMETERY OR CREMATORY

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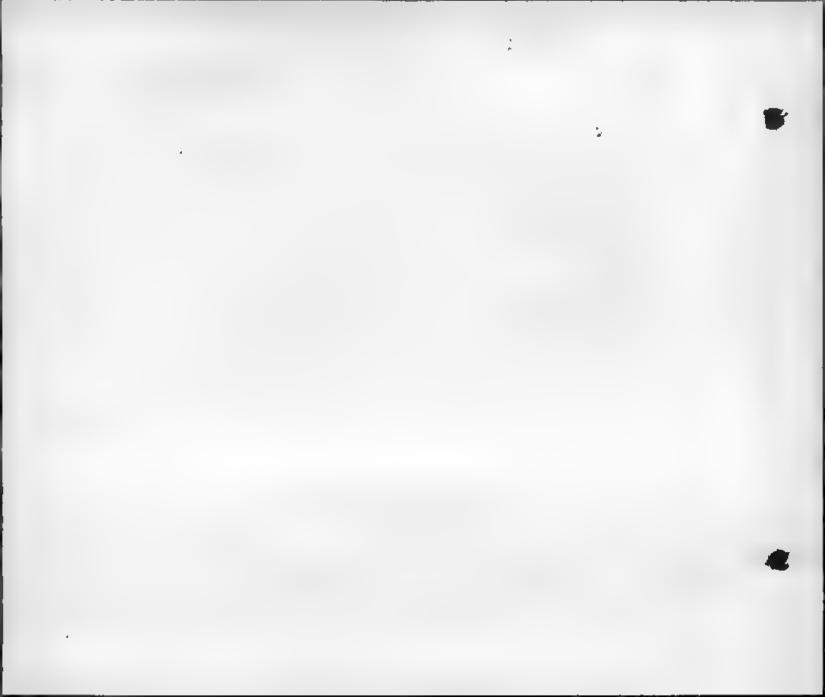
22d LOCATION 'City fown, or county)

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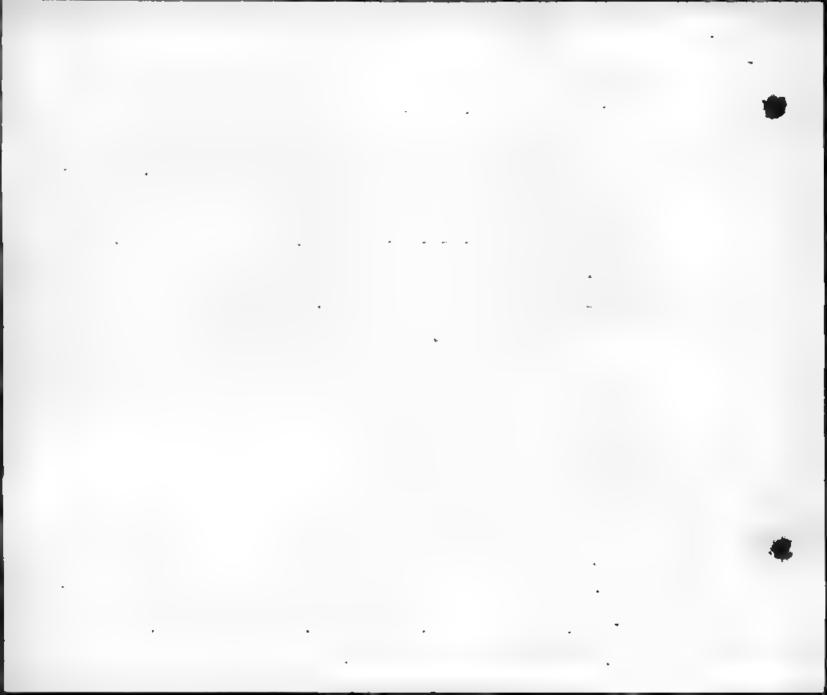
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FUNERAL

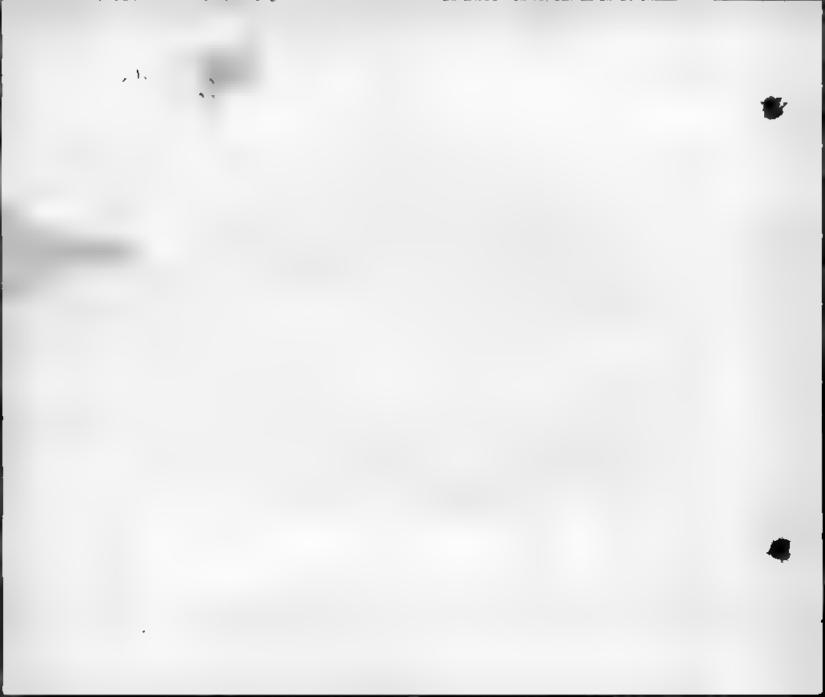
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

NERAL DIREC HOSPITAL FUNERAL 2



		MARTIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		CERTIFICATE OF DEATH Reg. Dist. No.
	•	PLACE OF DEATH COUNTY A 154 T 10 M P R A MARYLAND STATE O STATE
9		RURAL pnd give negresi town) d. MAME OF HOSPITAL (III not in hospital, give street address) OR INSTITUTION A. IS RES DENCE OR INSTITUTION
	1	NAME OF DECEMBED OF First Middle Lint DATE Month Coy Veor
		6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE POITS OF UNDER 1 YEAR IF UNDER 24 HRS
		USUA: OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) TOUR LINE (Fig. even if retired) TATHER'S NAME 14/MOTHER'S MADEN NAME
	IS.	SIMERN PIC REPE
		18. CAUSE OF DEATH (Enter only one couse per fine for (o). (b). and (c).) PART 1. DEATH WAS CAUSED BY. ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
		Conditions, if any, which got course (a), stating the under lying course test
,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1200. ACCIDENT WAS UNDERLYING 10 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Item 18.1
		OR CONTRIBUTING CAUSE OF DEATH IF ETHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a. fr. p. m. 19 OR CONTRIBUTING CAUSE OF DEATH IF ETHER NOTIFY MEDICAL EXAMINER) 20c. FLACE OF INJURY Home, form,
		21. I certify that attended the deceased from 11, 1951, to 12, 1957, that I lost saw the deceased a vive on 1951, and that death occurred at 12, M from the causes and on the date stated above ADDRESS (Smeat, airy or form, state) Date Signed
		PHYSICIANTS BOOK DO DO DE STATE
1	_	BURIA. CREMATION. ZIB. DATE THEREOF Zic NAME OF GEMETERY OF CREMATORY ZIZO LOCATION (City fown or county) Senoval Cremation. Zib. DATE THEREOF S
	23	FUNERAL DIRECTOR'S SIGNATURE, Many Jun ADDRESS Suf 34 Jongia My 240. REC D BY REGISTRAR 246. RECISTRAR & SIGNATURE Remained Co. Record of the Control of



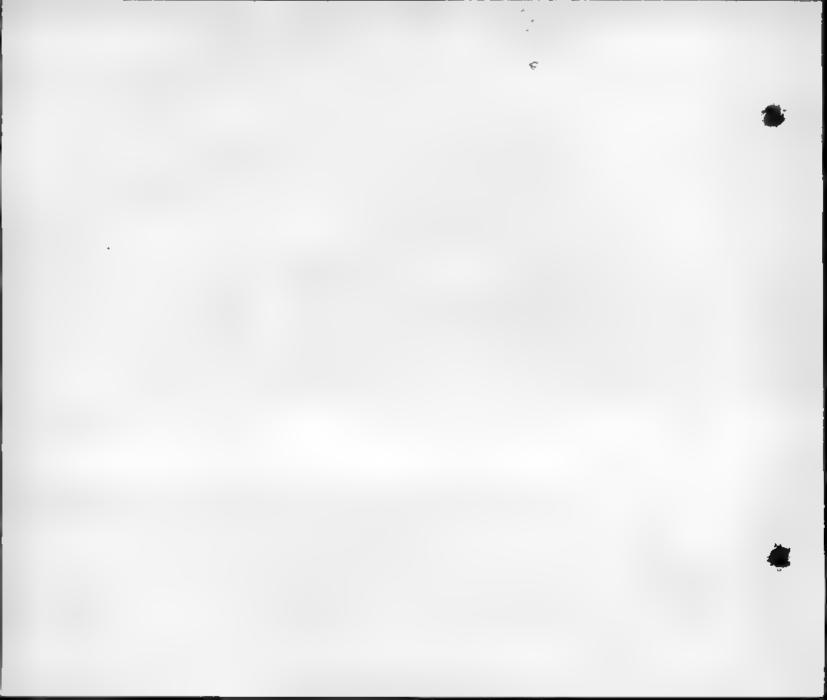
HEALTH DEPT TO DEPUTY MEDICAL EXAMINER This enticals should be essented within 24 hours after death if any delay is necessary pieces exerue the termines with a pending in pending lies. A should be so find to the Chief Medical Examiner's Office along with form PM3 Page 5 may be reformed for the STO FUNERAL DIRECTOR Page 3 should be used as a build from? From the pages 1 and 7 to the Page 3 should be used as a build from? From the pages 1 and 7 to the following control of remotion as removal and any event within 72 hars attended the pages.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2042 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg Dist No 215

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PLACE OF DEATH	7 2 USUAL RESIDENCE , Where deceared lived of institution Rate	dence before odnisi on)
MARYLAND MARYLAND	· Fennsylvania b COUNTY	
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d NAME OF HOSPITAL OR INSTITUTION (N not us hospital give street address)	d. STREET ADDRESS	e IS RES DENCE
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U. S. Marine Corps	Pennsylvania U	S.A.
3. FATHER S NAME	14 MOTHER'S MAIDEN NAME	. –
Daniel COLLINS	Margaret STARR	
15 WAS DECEASED EVER IN C. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 H		
	M) Mrs. Margaret S. Collins, sa	me as #2
18 CAUSE OF DEATH , Enter pary one cours pe line (or (o), (b), and (c)]	,	ONSE A SO DEA
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gave rise to immediate couse		
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9:30 km 2-20 1959 of work 10 of work 10 Street		e.Quantico. V
21 I certify that I took charge at the remains described abo		
apin an death resulted from Natural causes Accident		. —
4		
SIGNATURE FROM J. Brosshorst	M D CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	ASSISTANT MEDICAL EXAMINER	0 0- 50
examiners NAME Type) Frank J. BROSCHART, M.D.	DEPL TY MEDICAL EXAMINER [X]	2-27-59
270 BURNAL CREMATION 225 DATE THEREOF 22. NAME OF CEMETERY OF) (Stote)
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Adoress Adoress Home 1748 Wac Ave NW. W		Health.

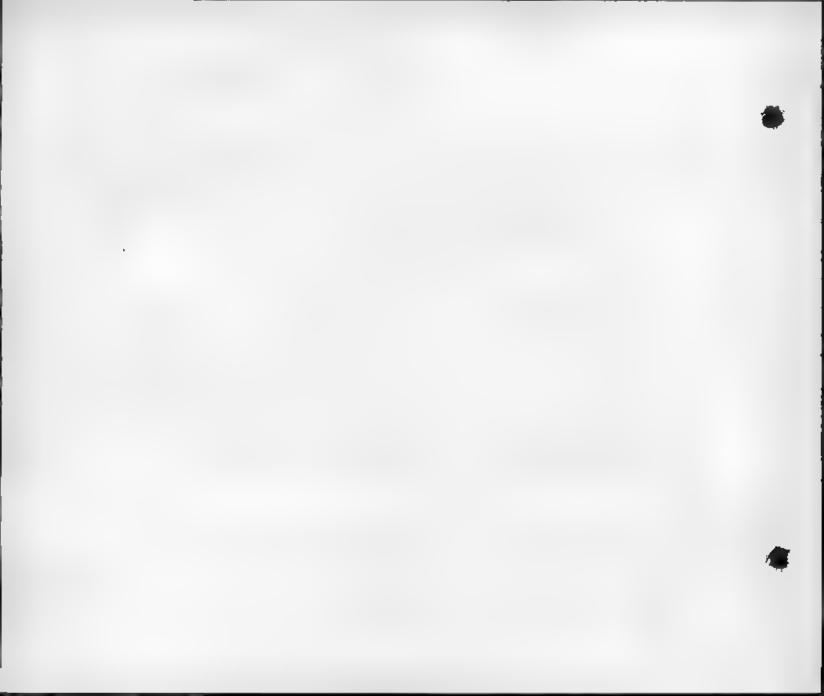


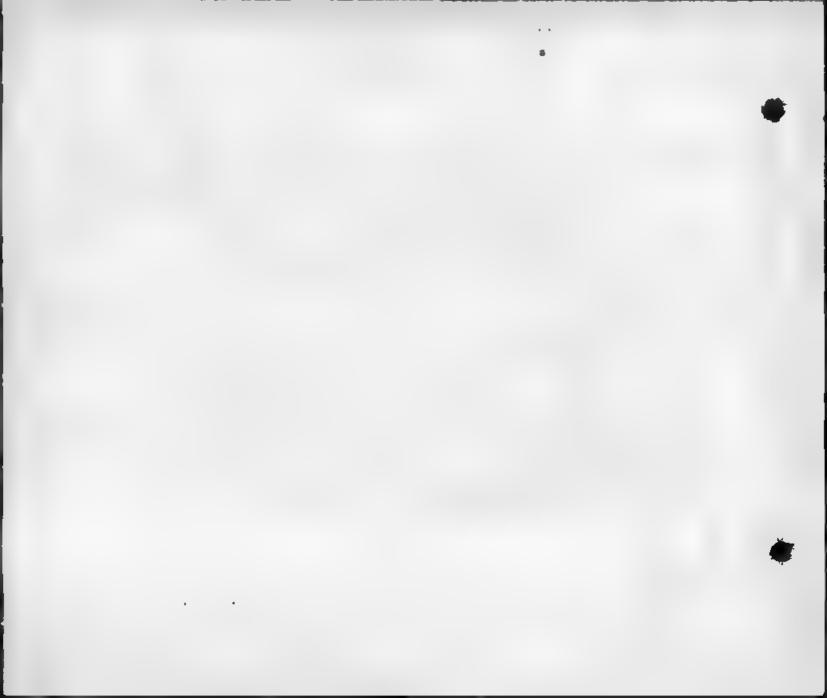
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

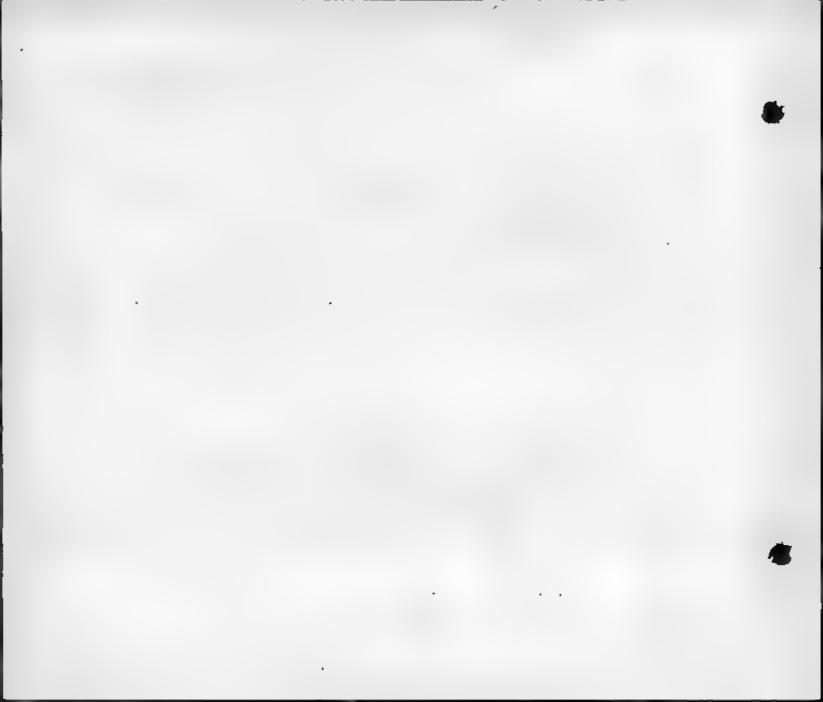
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3 NAME OF DECEASED	Fir	12	Maddie		LOST	4 DATE	Mon	th	Day	Yeor
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	//		1 /			ADDRESS (Street, city or town,	state)	D	ATE SIGN
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BANKETS AND S										
PHYSICIAN'S NAME (Type)	R. G. MUT	H. LT.	MC. USN		Betheso	ia 14, A	Jaryland			
229 BUR AL CREMA		OF	22c NAME OF CEMETER	Y OR CI			LTION (City rown.	or county)	(510	(tr)
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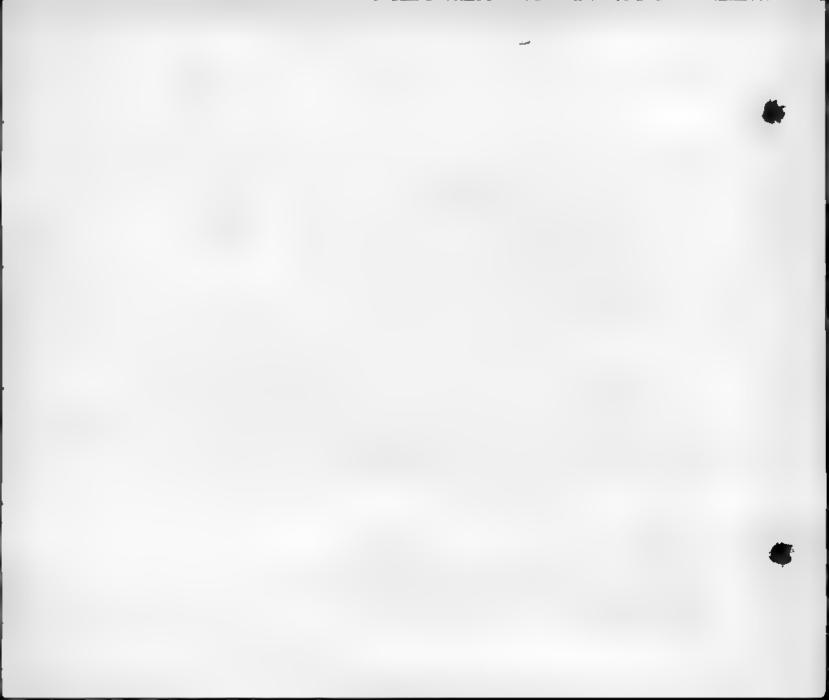




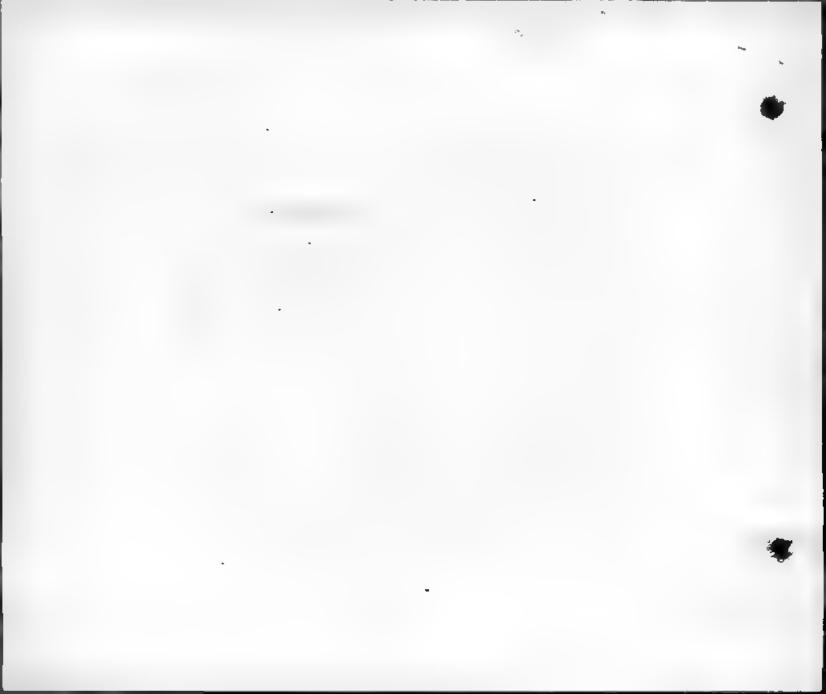
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02016 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE Where deceased lived II institution. Residence before admission) e. COUNTY P STATE Montgomery MARYZANIO Montgomery Maryland b. C.TY OR TOWN fill outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) E LENGTH OF STAY IN 16 RuRAL and give negrest town) Bethesda Bethesda NAME OF HOSPITAL fill not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE 00 Ridge Road 8800 ON A FARM? 8800 Ridge Road YES NO K NAME OF Mieldle DATE Month Day Year DECEASED OF DEATH (Type or print) 19 59 Otto Connell Cott 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | 5 SEX DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR F UNDER 24 HRS igh Hirthdoy) Months Doys Hours WIDOWED | DIVORCED male white 190 US .A. OCCUPATION 'Gree kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHP.ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Government Mi asouri 13 FATHER 5 NAME 14. MOTHER'S MA DEN NAME Mary Victoria Johnson Zohn Mm. Cott 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Address Cott-8800 Ridge Rd. Bethesda.Md Nora CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Conditions if any, which gave rise to immediate DUE TO cours (o) storing the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMEDE print YES 🖂 NO 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Itam 18.) ő 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home form. 20f (City or town) (County) (State) lociory street office bldg. etc.) Hour e.m. White Not white of work of work 21 I certify that I attended the deceased from that I last saw the deceased alive on___ and that death occurred from the causes and on the date stated above. DATE SIGNED ACTUAL SIGNATURE DIRE ã ₽ PHYSICIAN'S NAME (Typo) FUNER. 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY OCATION (City to-n, or county) (Stole) 95od REMOVAL (Specify) Arlington ... Burtel 0 OMO DO TO ATT 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS & Frank Hines Company Washington D DATE 15M 9755



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18







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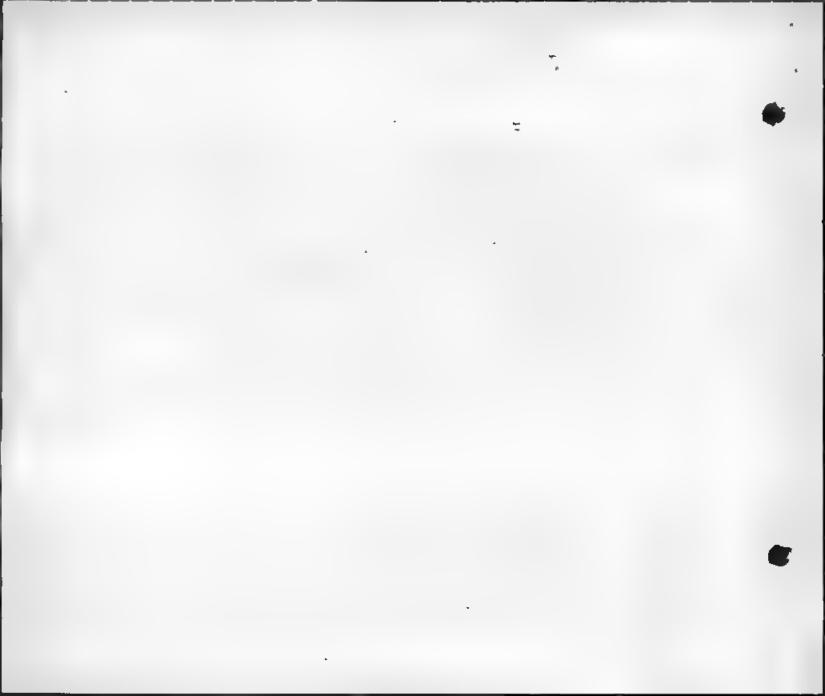
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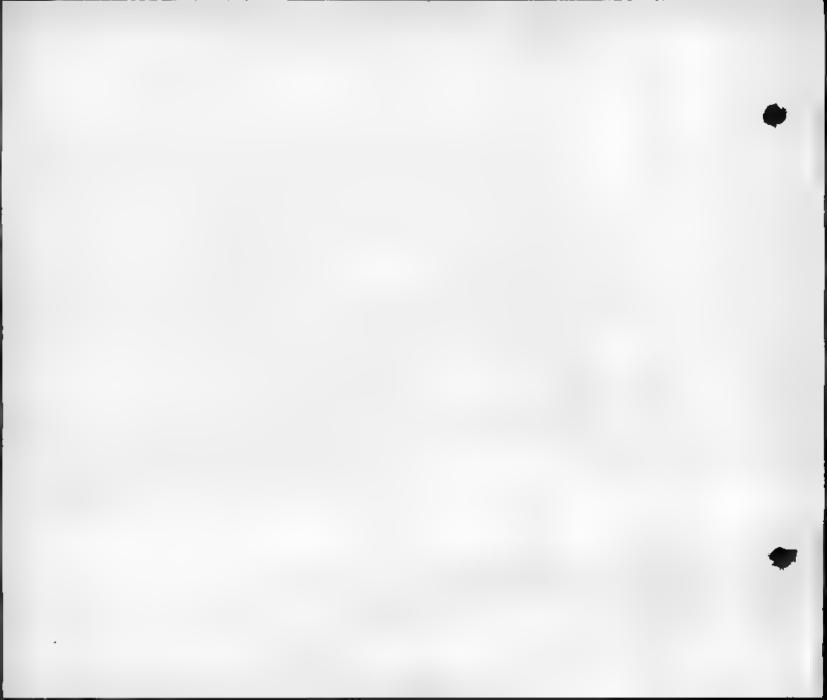
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2048	CERTIFICATE OF D	EAIL

		2840	CERTIFICA	AIL OI DEA	111	Rug.	Dist. No.	
	CE OF DEATH			2. USDAL RESIDENCE (Where deceased liver		lence before adm	ission)
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	Olney.		15 days.	Silver S	Spring.	Md.		
d. N	NAME OF HOSPITAL	Md (If not in haspital, give street	t address)	/ d STREET ADDRESS				ESIDENCE A FARM?
^	Montgome:	ry County G	Fneral	821 Snic	ier Lane		YES	□ ио 🔢
	ME OF EASEO e or print)	Charles	, Ander	son Deitz	4 DATE OF DEATH	Month 2	8 8	Year 55
5. SEX	16	COLOR OR RACE 7 MA	RRIED XXEVER MARR ED	8 DATE OF BIRTH	9 A		ER TYEAR IF UN	DER 24 HRS
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F	Robert A	. Deltz		Mary S	Stull			
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22a. Bu	IRIAL CREMATION	226 DATE THEREOF	22r NAME OF CEMETERY O			'C ty lawn, or count	1) 15	lo'e'
Brit	MOVAL (Specify)	2/11/59	PIVERWIEW CES			EG, VIPTI		
ZJ. EUN	SERAL BIRESTOR S.S.	IGNATURE	ADDRESS	240 81	EC D BY REGISTRAR	24b REGISTRAR S	SIGNATURE	
MA	LYEB E. M	INC.	SILVER SPE	ING, MD.	FR 1 " 59		8 Kraus	



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
Dan era	TE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 120%	
HEALTH D	FPT.	Reg Dist No	
00 1	1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased rived II Institution Residence before admission of COUNTY A STATE COUNTY A	n)
Section 1	1	Month money martano mol month	
2	* /	CITY OR TOWN (I autual Common limits, in the IPA: C. LENGTH OF STAY IN 16 CITY OR TOWN & autual Corporate in ts. wr re RuRAL and give negative rown)	
\$ t		Allver Jonny 2 mo 1611 moffeet Rd	
200 P. C. O.	9.	d. NAME OF HOSP TAL OKINST T. TION All not in hospital, give street additional d. STREET ADDRESS V	AFZ
2000	<i>'</i> .	NAME OF THE PROPERTY HOME Selvan Apring 1850 1	10 5
Store des		DECEASED LALLELIA DOY TEAC	-
1年 2年 2		(Type or print) CEATH CEATH 27 19 5	- 4
3 To		Months Days Hours N.	
4 B 2 C 3		DOO S ALO CUPATION GIVE End of work date 106 KIND OF BUSINESS OF NOUSTRY 1 BIRTHPLACE (Sinte or foreign country) 12 CT ZEN OF WHAT CO	A PY
2 9 9 2		going prost of working life, teven if refined]	14.71
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E E	1	18 CAUSE OF DEATH [Enter only one course per line for (o., (b), and (c),]	
\$ 5 5 6 B		PART : DEATH WAS CAUSED BY Colorigry at elusion	,
BESSE		out to	
A CONTRACTOR		Conditions of any which) (b)	
A P		gave rise to immediate cause ((a), stating he under ying (DUE TO	
min of Control		tavsa ori	
of Grand		PART IL OTHER SIGN F CANT CONDITIONS CONTR BLT NO TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 150, TO WAS A JT PERFORME	OPSY ED2
2 de 10 de 1	5	3) Trading Nort This about 3 mo. ago. 1857 N	
- P - P - P - P - P - P - P - P - P - P		206 DESCRIBE HOW N JAY OCCURRED TEnter notice of night in Part Lor Port Lot item 18)	
P A Supplemental		CA JSE OF DEATH.	
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INE But Be Be		p. m 19 al work 1	
A CO		2) I certify that I took charge of the remains described above held an Autopsy inspection Inquiry and	r my
a To b		op n on death resulted from Natural courses 🔀, Accident 🔲. Suicide 🔝 Homicide 🔲, Undetermined manner 🔲	
و پيڪي		ACTUAL FOR A DATE SIGN	JED
\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		SIGNATURE 2 137 MD CHIEF MEDICAL EXAMINER LY	
Y N		EXAMINER'S THANK J. Broschart DEPUTY MEDICAL EXAMINER [] 2-22-59	
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20 × 20 × 20 × 20 × 20 × 20 × 20 × 20 ×		REMOVAL (Specify)	
5 5 .		Burial Feb. 24,1959 Cedar Hill Cemetery Prince George's County, Md, or Warner E. Spubliney Inc. Address 240 REC Day REG STRAR 240 REC	
VS A 5ME 5M 2 57		Address Silver Spring, Md. Date 124 REG STRAN S SIGNATURE	
and & 1.			



Orthur & House

DATE FEB 1 1 '59

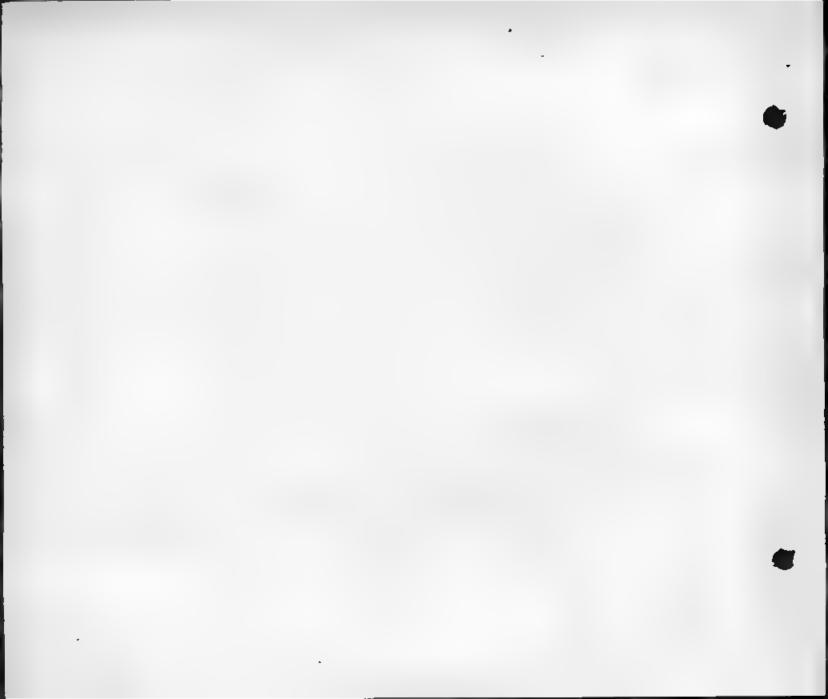
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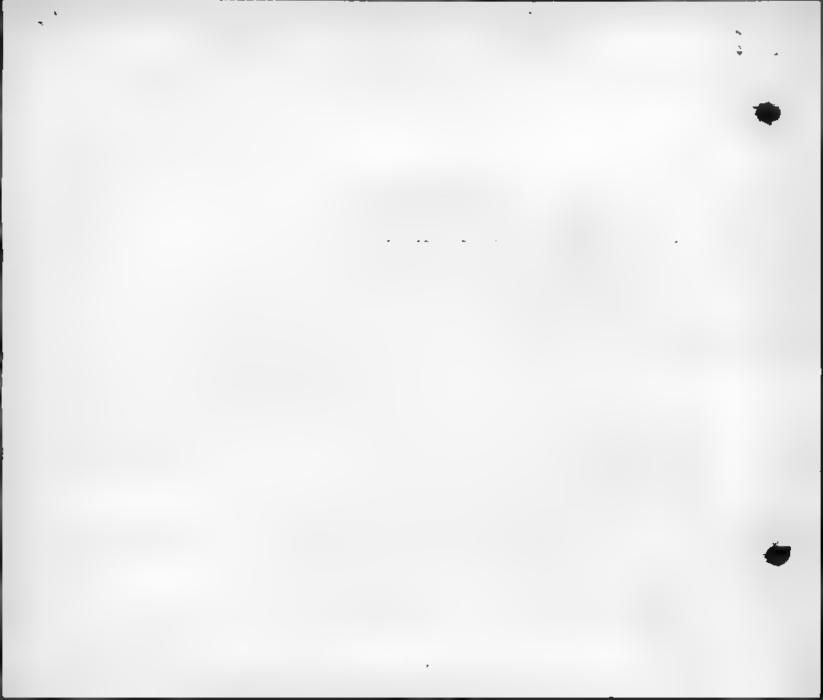
Robert A. Pumphrey-Bethesda, Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg Dist No. EALTH DEPT. 1, PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived. If multiplion, Residence before admission) e COLNTY **b** COUNTY MARYEAND 6 C TY OR TOWN (If outside CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate time), write if IRA, and give nearest towns d. NAME OF HOSP FA. OR INSTITUT ON Alfring in hospitol give street d STREET ADDRESS O - A FAR -YES 🗍 NO 🔣 3. NAME OF Middle DECEASED OF DEATH (Type or print) & COLOR OF RACE | MARNED THE NEVER MARK ED | B DATE OF B RTH P AGE IN YEARS IF UNDER TYEAR IF UNDER 24 HRS Months Doys Hours Min WIDOWED 🗍 DIVORCED [1000 USCAL OCCUPATION (Give kind of work done Db K-ND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during plant of working life, even it retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME STEWART MICHAEL J. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 188 SOC AL SECURITY NO Add no (If yes, give wer or deter of service) NONE 18. CAUSE OF DEATH | Enter only one cours per line for (o (b), and (c) INTER ALBERTA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) sudden DUE TO Conditions if any which; gave fire to immediate cause DUE TO (a), Noting he underlying) couse toil PART IL OTHER'S GNIFICANT CONDITIONS CONTR BY TING TO DIATH BUT NOT RELATED TO THE TERM MALDISEASE CONDITION GIVEN IN PART LOUTY WAS AUTORSY PERFORMED? NO R 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. 206 DESCRIBE HOW IN JRY OCCURRED (Enter nature of injury in Fort or Part II or term 18.) 20c TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 30e PLACE OF INJURY (Home form, 120f (Cily or level) (County) (Stole) foctory street office bldg, etc.) White Not while at work of work 2) I certify that I look charge of the remains described above held an Autopsy . Inspection of Inquiry . and may opinion death resulted from Notero coises X Accident ... Svicide 🗍 Hom c de Undefermined moriner 2 DATE SIGNED ACT-JAL M D CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **SXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type) 224 BUT AL CREMATION 1225 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown or county) REMOVAL (Spec 5) FT. LINCOLN CEMETERY PRINCE GEO. COLNTY, MD. **ADDRESS** 246. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR SILVER SPRING, MD. VS A SME Corners & France 5M 2 57 DATE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg Dist No ALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE Where deceased fixed. If institution, Residence before admir on a COUNTY MARYLAND CLENCTH OF STAY IN 16 c. CiTY OR TOWN, if dukide corporate time is write RURAL and give nearest rown. d NAME OF HOSP TAL OR INSTITUTION I'll not in hospitol give i' ee' add ess) ON A FARM? Dur bail YES TO NO 5 1703111 3. NAME OF Meddle DATE DECRASED DEATH /E bruary (Type or print) 6 COLOR OF HACE 7 MARRIED NEVER MARRIED TO 8 DATE OF BIRTH 9 AGE IN years HETENDER TYEAR Months Ноце М п WIDOWED DIVORCED T DO USUAL OCCUPATION (GIVE KIND OF WORK DONE TOO KIND OF BUSINESS OR INDUSTRY 1 ILZ CITIZEN OF WHAT CO INTRY? during most of working life, even it retired) 13 FATHER'S NAME 17 INFORMANT 5. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURTY NO 18 CAUSE OF DEATH [Enter only one could per line for o., (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** eaups elaibammi of sec evage DUE TO (0), stalling the underlying ā couls tost PART - OTHER'S CN TICANT COND TIONS CONTRIBITING TO DEATH 8 TINOT RELATED TO THE FERM NALDISEASE COND TION OF VEN IN PART FOLITY WAS ALTOPSY PERFORMED? NO . BEEL ENTERNAL CAUSE WAS PRIMARY () OF CONTRIBUTING () CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Part Lot Part II of Hem 18.) 20d fN.JRY OCCURRED 20e FLACE OF INFURY (Home form. 20f (City or lown) 20¢ THAT OF INJURY Month, Day, Year (CONFIT) While Not while of work | al work | 2) I certify that I took charge of the remains described above held on Autopsy 🗍 Inspect on Z inquiry Ki. and in my apin on death resulted from Natural causes 📈 Accident . Suicide . Homicide . Underermined manner DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE NAME Type DEPUTY MEDICAL EXAMINER 📈 22d LOCATION (City fown, or caunty) (Stole) Woodlawn Cemeterv Baltimore, Md. ADDRESS. 246 REGISTRAR'S SIGNATURE 240 REC D BY REGISTRAR A SME Bethesda, Maryland Pumphrey, 21074347XV4



2053

CERTIFICATE OF DEATH

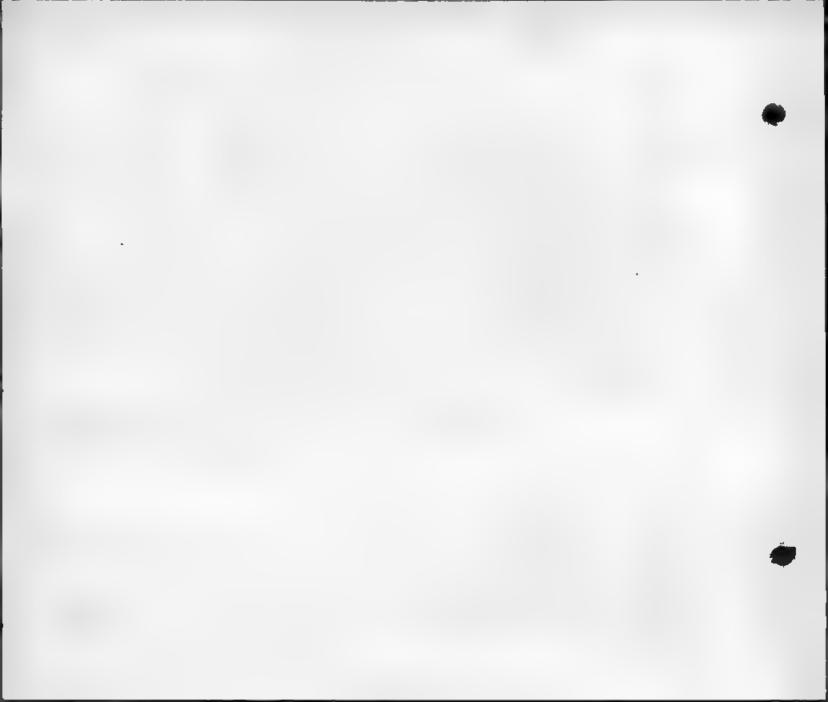
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	WUJ.								Reg.	Dist, No.		
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	TAL (If not in hospital, i				d. STREET ADD						IS RESII ON A YES [7]	FARM?
	GARDENS NI	-			732 T		LAVE!	AUR			,,,,,	14
3. NAME OF DECEASED (Type or print)	JAMES EDW		MIDDLE		Lost		4 DATE OF DEATH	FEB. 2	Month 23	Day		9 5 G
5. SEX	6. COLOR OR RACE	7 MARRI	EDE NEVER MARRIED		DATE OF BIFTH			9. AGE (In y	ors IFUND	ER TYEAR IF	UNDER	24 HRS.
MALE	WHITE	WIDOWE		-	DEC. 8.	1877		81	orl Month	Doys)	Hours	Min
during most of wa	ION (Give kind of work thing life, even if retired REP. SHEET	1) [KIND OF BUSINESS OF					ountry)	12	U. S.		COUNTRY
13. FATHER'S NAME	MIL. ORDER	CISA	TI WORKER		14 MOTHER'S M					U. B.	Λ,	
	AUT CONED											
JOHN B. E	ER IN U. S. ARMED FOR	CECT 4 4	SOCIAL SECURITY NO	17 10/04	MARY I	UNKNU	JMIA		Address			
(Tax no or unknown)	If you give -or at status of	(ecoep)					D37 07				. Promo	MD.
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Couse (o), stoling lying couse lost	the under DUE IC	:1										
Ž	THER SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO TH	KE TERM N	IAL DISEAS	E CONDITION	I GIVEN IN P	1	PERFOR	
200. ACCIDENT WOR CONTRIBUT N	FAS UNDERLYING () G () CAUSE OF DEATH Y MEDICAL EXAM NER)	206 DESC	RITE HOW INJURY OC	CURRED. ((Enter noture of it	niory in Po	ort I or Port	I to filem 18	-)			
ZOC TIME OF INJU	RY Month, Doy Ye	or 20d N While of work	Nat white		E OF INJURY (Ho ry, street, affice b	fidg., etc)				(County)		(State)
	hat I attended the	decease		2	3 1956	to Fi	b 2	.ž, 19	57that	I fast saw	the c	decease
alive on Fed	- 19	, 156.7	and that a	death a	ccurred at \angle	:34	.M. fron	n the caus	es and on	the date	state	d above
ACTUAL SIGNATURE	Carn F	4. 1/	aum	M.I	8376	corgo	contes is	est, city or t	own, stole)	e Met	Fall DA	TE SIGNE
PHYSICIAN'S NAME (Type)	AARON H. TE	MUA				0			/ L			
270 BUR AL CREMATI	ON, 22b. DATE THERE)F	22¢ NAME OF CEME	ERY OR C	REMATORY			TION (City to			(Stole)	}
BURTAL	FER. 25	1959	GEORGE WA	SHING					PR_GEO		MĎ.	
23 WARNER EGO	MANUALEY,		ADDRESS CTIVED CD	D + MA		do. REC D	ev regist	-	REGISTRAR'S			

bediled with may be retained to the haspital or attending physician.

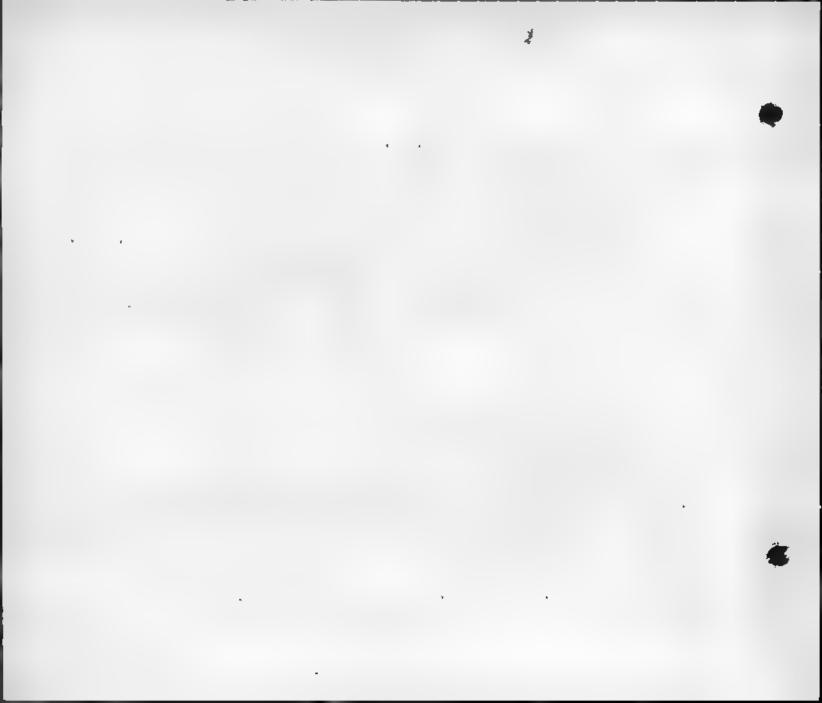
TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filted in by the page 3 shauld be Setached for use as the bunderransi permit. Then please remove carbon papers. Pages 1 and 2 shifted registrar prior to a bund is cemation or removal, and is any positivity in 72 hours after death. VS A15 41 15M 9 55



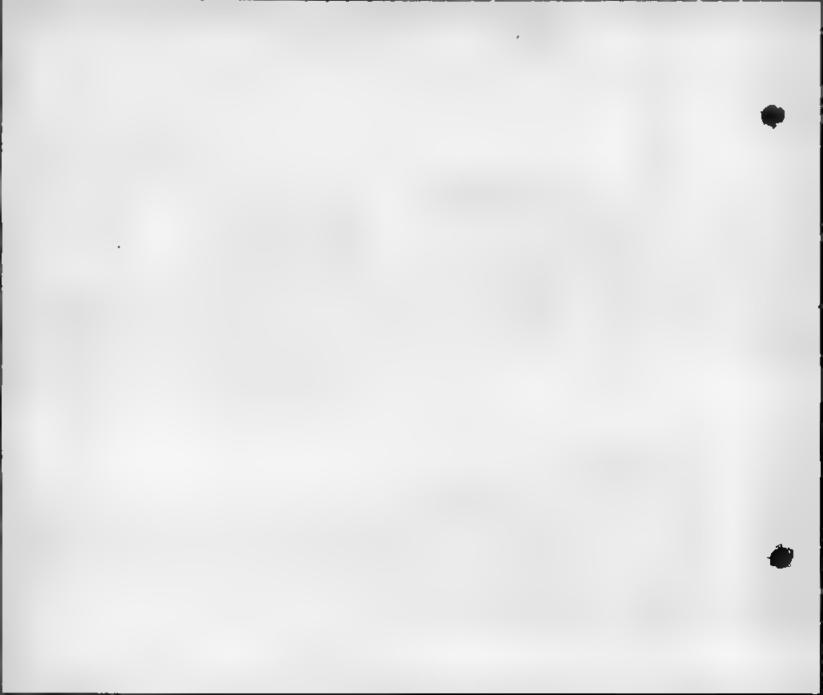
2054 CERTIFICATE OF DEATH Rea Dist No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Fled **b.** COUNTY MARYLAND Mentgemery Montgomery 5 CITY OR TOWN 11 pulpide corporate mile, write & LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest lown) 132 days Bethesda Bethesda 1h. d NAME OF HOSPITAL (I not in hospital, give street address) OR NST TUTION / d STREET ADDRESS e. IS RESIDENCE ON A FARM? 6407 Winnepez Read The Clinical Center. Bethesda 14, Md YES 📑 NO 🝱 NAME OF 4. DATE Middle Manth DECEASED OF DEATH (Type or print) Kathleen Marie Finatti February 19 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (in years FUNDER TYEAR IF UNDER 24 HRS fost birthday) Months Davi House DIVORCED [Female White WIDOWED [7] June 1. 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE (Stoke or foreign country) 12 CT ZEN OF WHAT COUNTRY? during most of work on life even if refired) District of Columbia U. S. A. None 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Finetti Maria Langhan IS WAS DECEASEDEVER IN J S ARMED FORCES? 12 INFORMANT The Medical Recerc Address 14 SOC AL SECURITY NO The Clinical Center, Bethesda lh. Maryland None 18 CAUSE OF DEATH | Enter only one cause per line for (a), (b) and (c) | INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY MMEDIATE CAUSE (6) DUE TO Canditions if one which gove tite to immediate DUE TO 8 cause (o), stoling the under fying cause oil (c) FAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 700 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Iden 18) 20c T ME OF INJURY 20d NUURY OCCURRED 20e PLACE OF INJURY Home, form 20f (City or town) Day Year [\$lote1 (County) factory, street, office bldg., etc.) ! Q. (b) While: Not white of work of work 21. I certify that I oftended the deceased from September 29 19 50 to February 6 that I fast saw the deceased and that death occurred at 2:20a M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL The Clinical Center DIRE ю National Institutes of PHYSICIAN'S Bethesda la. NAME (Typo) co. 22c NAME OF SEMETERY ME CREMATORY 270 BUR AL CREMATION 225 DATE THEREOS 224. OCATION IC ty Jawn. (Store) REMOVAL (Specify) 0 EUNERAL DIRECTOR'S SIGNATURE! 246 REGISTRAR'S SIGNATURE 24s REC D BY REG STRAR

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
205\$ CERTIFICATE OF DEATH (2021)
PLACE OF DEATH MORE GOMERY O. COUNTY PRINTED MARYLAND 2 USUAL RESIDENCE (Where decreased ved finstitution Residence before admission) O STATE Maryland b. COUNTY
b CTY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest form) Lewisdale, Lewisdale,
d NAME OF HOSP TAL (Finet in hospital, give street address) OR INSTITUTION 2010 Avalon Place, d STREET ADDRESS ON A FARM? YES NO X
3 NAME OF DECEASED (Type or prim) Marguerite Mary Fitzpatrick DEATH February 6, 19 59
5. SEX 6 COLOR OR RACE 7 MARRIED CONEVER MARRIED 1 B DATE OF BIRTH 9 AGE (In years F NIDER 1 YEAR IF JINDER 24 HES
Female White woowed Divorced July 26, 1898 Hour Months Days Hour Min
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Housewife - Washington, D.C. U.S.
13. FATHER'S NAME
Lawrence A. Kelly Margaret May
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOC AL SECURITY NO 17 INFORMANT Address
no ? James J. Fitzpatrick, 2010 Avalon P 1.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY ONSET AND DEATH
PART I. DEATH WAS CAUSED BY CUrchary Thrombosis ONSET AND DEATH IMMEDIATE CAUSE (a) CUrchary Thrombosis
Gonditions, if any, which gave cist to immediate DUE TO
lying couse each Cerondon Artery Heart Disease 23415
FAME II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (0) TO WAS A TOPSY PERFORMED? YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of Item 18.) OR CONTR BUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. pt. While Not while of work o
21. I certify that I attended the deceased from April , 1952, to February 69 59hot I tast saw the deceased
alive on February 5,, 1959, and that death accurred at 4:00PM, from the causes and on the date stated above
ADDRESS (Street, city or fown, stote) DATE SIGNED
SIGNATURE 100 100 Riggs Road, Hyattsville, Md. 2/0/
PHYSICIAN'S NAME (Type) Robert B. Irey
220 BURIAL CREMATION, 220 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Inwin or county) (State)
Burial Feb. 10.1959 Mt. Olivet Cemetery Washington, D.C.
23. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS 1240 PEG STRAPES CICALITIES
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240



1990

CERTIFICATE OF DEATH

02027

	weg. Ditt. No.
1 PLACE OF DEATH COUNTY TO FINE COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissran) o. STATE B, COUNTY
b CITY OF TOWN (If outside-temporale limits, write c LENGTH OF STAY IN 16	c CITY OR TOWN (If pulside corporate limits, write RURAL and give nearest town)
a NAME OF HOSE TAL (If not in hospital gives street address) OR INSTITUTION A DO A D	d STREET ADDRESS 1 9 Th Q QUIL 04- YES 1 NO 1
3 NAME OF FIRM Middle DECEASED (Type or print)	Lost 4 DATE Month Day Year OF DEATH
5 SEX 6 COLOR OR PACE 7 MARRIED 17 NEVER MARRIED 17	B DATE OF BIRTH 9 AGE [In peacs Funder VEAR IF UNDER 24 HED lest physhop) Menths Days Hours Min
100. USUAL OCCIPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI slying most of working view every if restricts)	USTRY 11 BIRTHPLACE (State of Foreign country) 12 CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Emil Rook	Maria Huszar.
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	HOSE TO RECOVERS
IB CAUSE OF DEATH [Enter only one couse per line for (a 'th' ond (c)]	INTERVAL BETWEEN
PART F DEATH WAS CAUSED BY. MMMEDIATE CAUSE (6) C O DELCE O - (2)	eryan esous failure
Conditions it any which) (b) - Mal mit - 1	in o and sec anima
gave rise to meediate course (c) risking the under DUE TO - Can can of it	in bound à male stans u de lines
FAM II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	ST NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 39 WAS ALTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NET)	IED (Enter nature of impory in Port or Port II of Iem 18)
To time of initial Manth, Day Year 20d Initially OCC IRRED 70e. P. Hour e.m. 19 of work of work of work	PLACE OF INJURY (Home, form 20F (City or lown) (County) (State) factory, street, office bidg etc.)
	2 19 50 . to 1 det (9 19 24 , that I last saw the deceased
alive on Tues- 9 - 1959, and that deat	th accurred at A A M, from the causes and an the date stated above ADDRESS (Street, city or form, alote) DATE SIGNED
STONATURE CLENOTIES Troors	NO 10236 NH DUE STEEL Spring
PHYSICIAN'S VERON, KA TROO	st Changerud
270 BUR AL CREMATION 276. DATE THEREOF 224 NAME OF CEMETERY	OR CREMATORY 22d OGATION (City town or county) (Stote)
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC D BY REGISTRAR 246 REGISTRAR S SIGNATURE

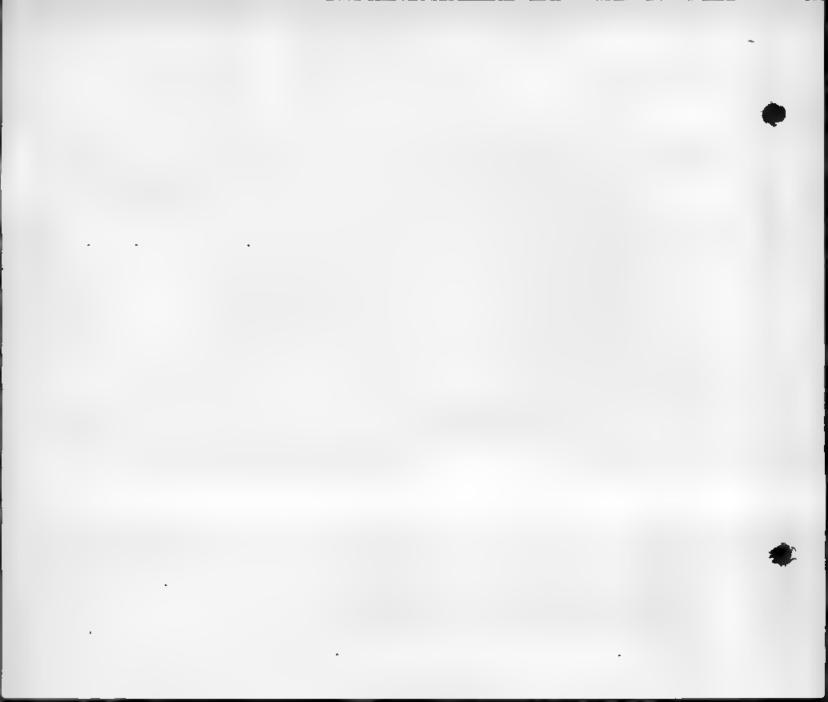
be feed with may be retained by the hosp tot or attending physician to Flund the otherding physician and campletely fluid in by the page 3 should be betached for use as the burial transit permit. Then please remark_carbon pagers fload 3 should be benefit or tremation or remarked in any event within 72 habers often death.

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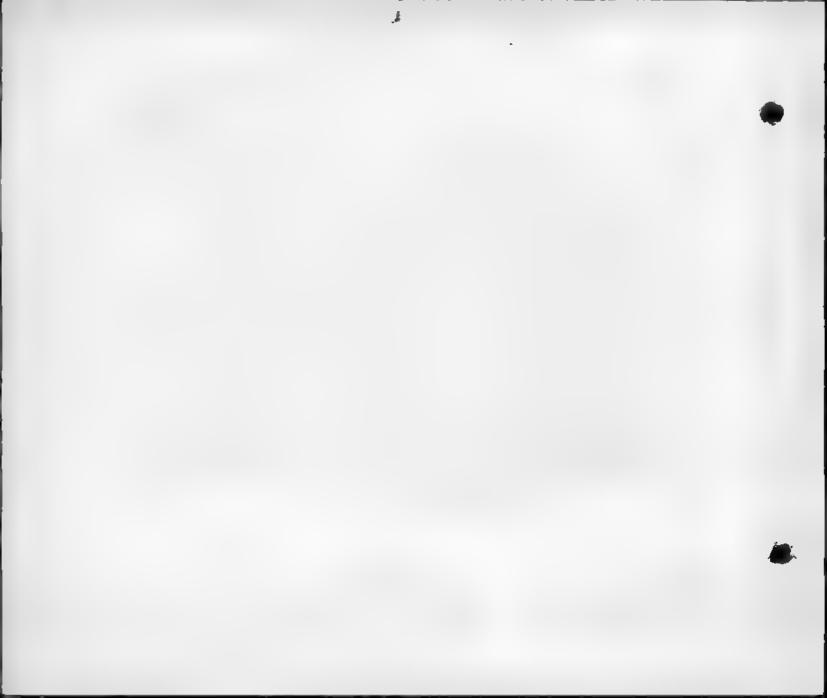
TO HOSPITAL OR ATTINDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 VS A15 (4) 15M 9/S5



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		2057 CERTIFICATE OF DEATH (120) 2013
	4	PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE [Where decreased lived. If institution Residence before admission] 9. STATE b. COUNTY b. COUNTY CITY OR TOWN (If outside corporate finits, write c LENGTH OF STAY IN 16 RURAL and gifte nearest form) RURAL and gifte nearest form) 9. LANGE AND
~		d. NAME OF HOSPITAL (If not an hospital give alreat oddress) OR INSTITUTION 49/4-WILLIAM DIES NO
	- (NAME OF DECEASED TYPE OF PRINT OF BRYH A DATE MOATH DOY YEAR THE DECEASED TO SEE IN YOUR OF RAFE 7 MARRIED NEVER-MARRIED 8 PATE OF BRYH AGE IN YOUR UNDER I VEAR IF UNDER 24 HRS
	7.	WINDOWED DIVORCED DIVORCED DIVORCED DIVORCED BOYL 20, 87/ SC YIS MORINE DOYL HOUTE MIN
	13	during most of working life, even if relired) PATHER'S NAME 14. MOTHER SANAIDEN NAME
ŀ	15	WAS DECEMBED FOR IN U.S. ARMED FORES? 16 SOCIAL SECURITY NO 17 INFORMANT Address, 4/ 9/4-
	(7g)	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).)
		PART I. DEATH WAS CAUSED BY MASSIVE GASTROIATESTIMAL HEMORRAGE ONSET AND DEATH Conditions, if any, which gove rise to immediate course (a), stating the under to the course (b). CHRONIC LIVER DISEASE
1	FCATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND THON GIVEN IN PART 1(6); 19 WAS AUTOPSY PERFORMED? YES NO
1		206. ACC DENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EFFNER NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort L or Port H of item 18.) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort L or Port H of item 18.) 206. THAT OF NURLY Month. Day, Year 20d INJURY OCCURRED 70e PLACE OF INJURY (Home from 1.20) (City of 1904)
	MEDIC	Hour a, n. NOALE 19 While of work of work to the or
		21. I certify that I attended the deceased from T44Y , 1958, to FECRUARY , 1959, that I last saw the deceased alive an FECRUARY 21, 1957, and that death occurred at 1,40P M, from the causes and an the date stated above ADDRESS (Street, city or form, state) ADDRESS (Street, city or form, state) OATE SIGNED
1		PHYSICIAN'S EDWARD S. WITOWSKI JOMIC BETHESON 14 MARYLAND
	Y	BUR-AL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Jahn, or county), (Stote)
	4	dams Funeral tome ove Wash DC DATE FROM 3



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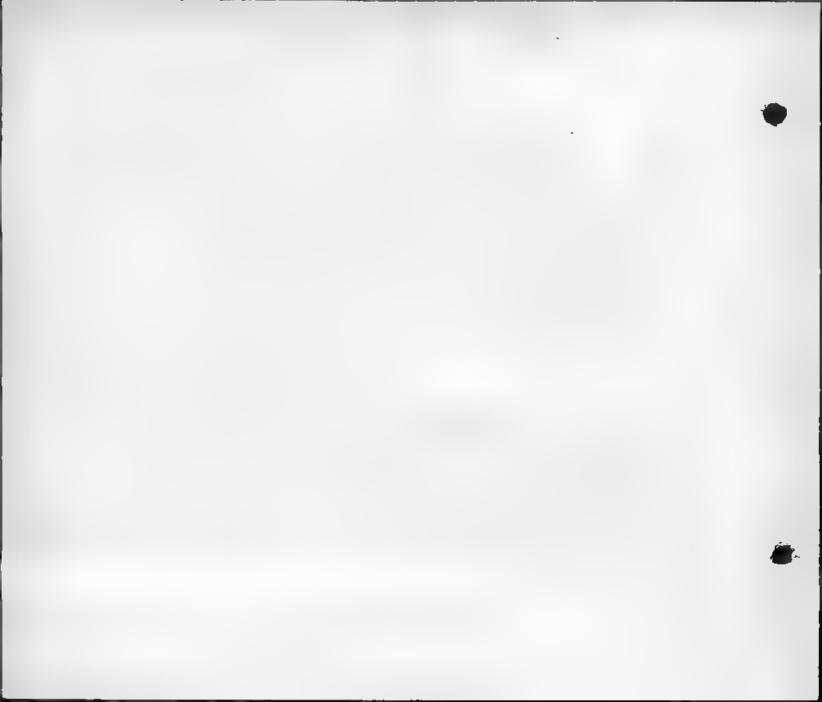
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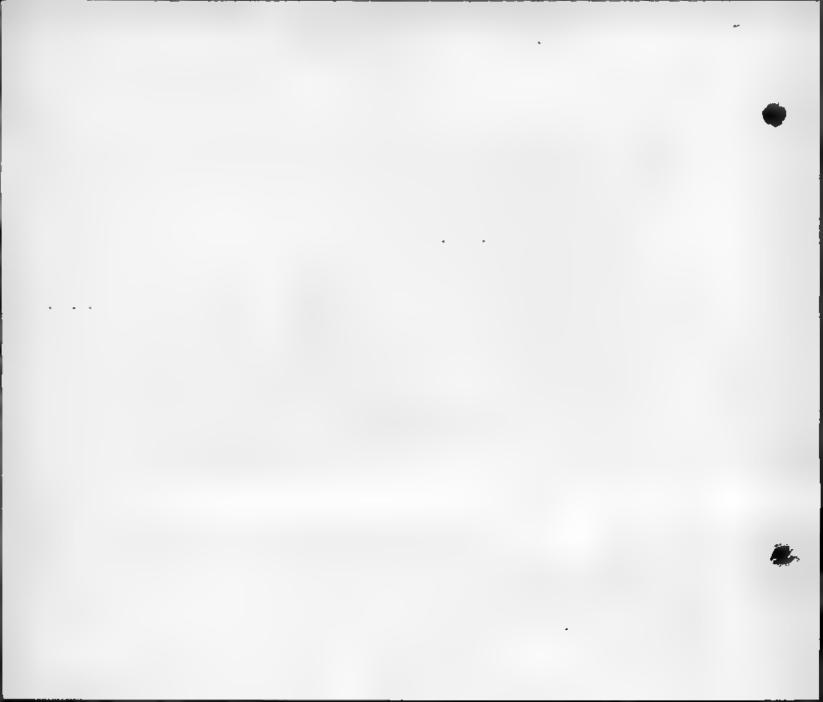
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceated lived of institution Residence before admission · COLNTY o STATE **b** COUNTY MARYLAND b. C TY OR TOWN (If outside corporate limits, write ¢ LENGTH OF STAY IN 1b c. CITY OR TOWN (If pulside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown] d NAME OF HOSPITA. (If not in hospito, give street address) & STREET ADDRESS B. TS RESIDEN E OR INSTITUTION YES AND 3 NAME OF Middle 4 DATE Year DECEASED DE (Type or post) DEATH 10 5 SEX 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9 AGE in years FUNDER TYEAR IF JNDER 74 HRS lost birthday Months Days Hours DIVORCED WIDOWED [, yrı. On USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BITTHPLACE (State or foreign country) 12 CHIZEN OF WHAT COUNTRY? during most of working life, even if retired) Land Order 13 FATHER'S NAME 15 WAS DECEASED EVER IN II 5 ARMED FORCES? 16 SOCIA, SECURITY NO 17 INFORMANT (If yet, give wor or dotes of terrice) () a com () [7] B CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Intestination Undetermin 101 Av 1841U ... 184 USIS ds 1, av 1/5 ap Conditions, if any which gove ise to immediate ++ + her 1/18410 DUE TO / couse (a), stolling the under 01. + 1 = 1 116 lying court ast PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART (p) 19 WAS AUTOPSY PERFORMED? YES NO 🗇 200. ACCIDENT WAS UNDERLYING [3 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port 3 of Item 78.) OR CONTRIBUTING | CAUSE OF DEATH 20r TIME OF INJURY Month, Day Year 20e PLACE OF INJURY (Home form 20f (City or town) 20d INJURY OCCURRED (County) (State) factory street office bldg. etc.) Hour pm While Not whee of work | of work | p. m. A Line 1, 194 L., that I last saw the deceased 2 and that death accurred at M, from the couses and on the date stated above ADDRESS (Street, city or fown, stote) DATE SIGNED ACTUAL cinstraction MD. 5 PHYSICIAN'S NAME (Type) may be funer. 220 BUR A. CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fews), or county] (Stote) REMOVAL-(Specify)

ADDRESS.

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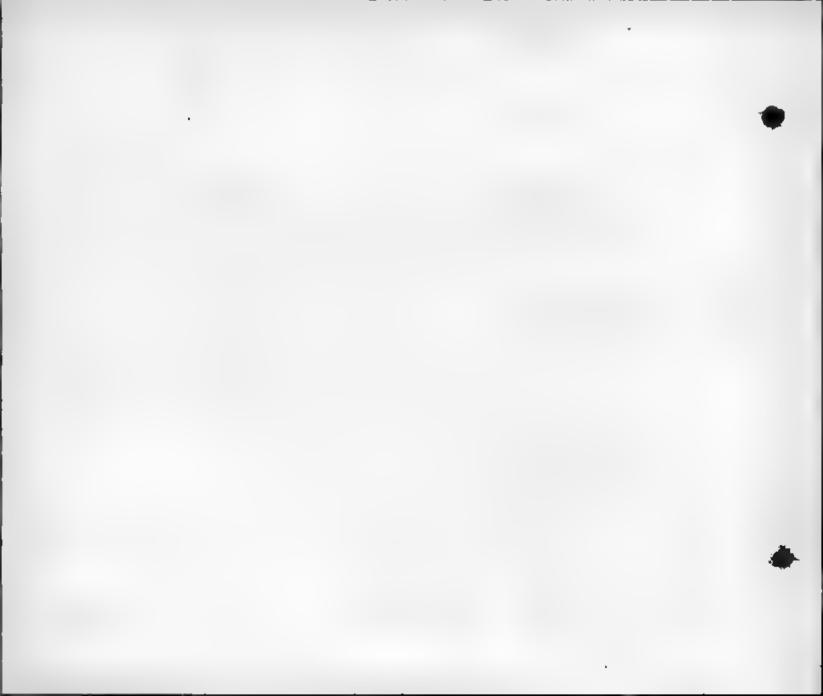
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23 FUNERAL DIRECTOR'S SIGNATURE

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CERTIFICATE OF DEATH 2060

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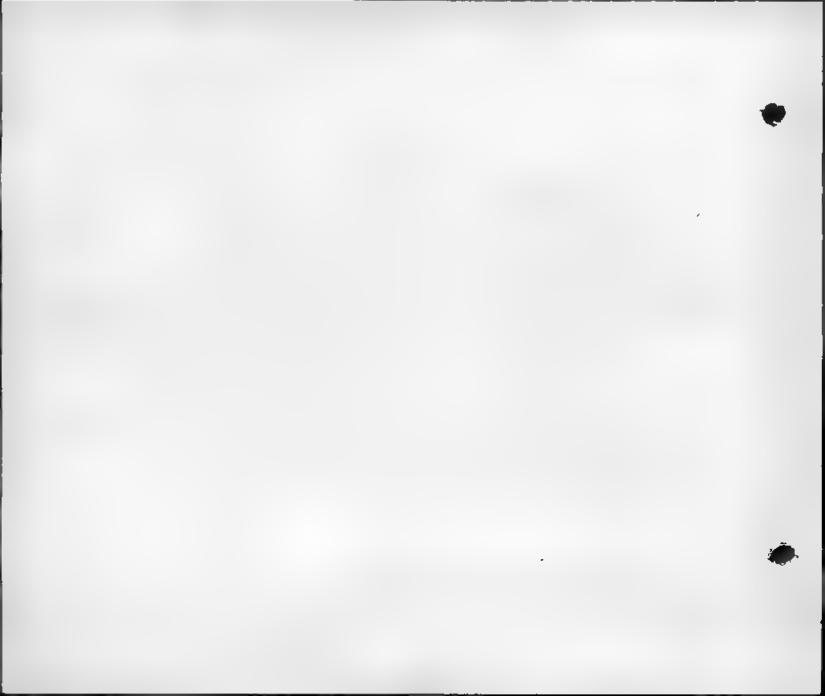
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deal certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician

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TO FUNERAL DIRECT A ABET this certificate has been signed by the attending physician and complete y filled in by	Special shaufd be refrached for use as the burnal trans i permit. Then please remove corbon papers. Pages I and 2			
P.	155	,		

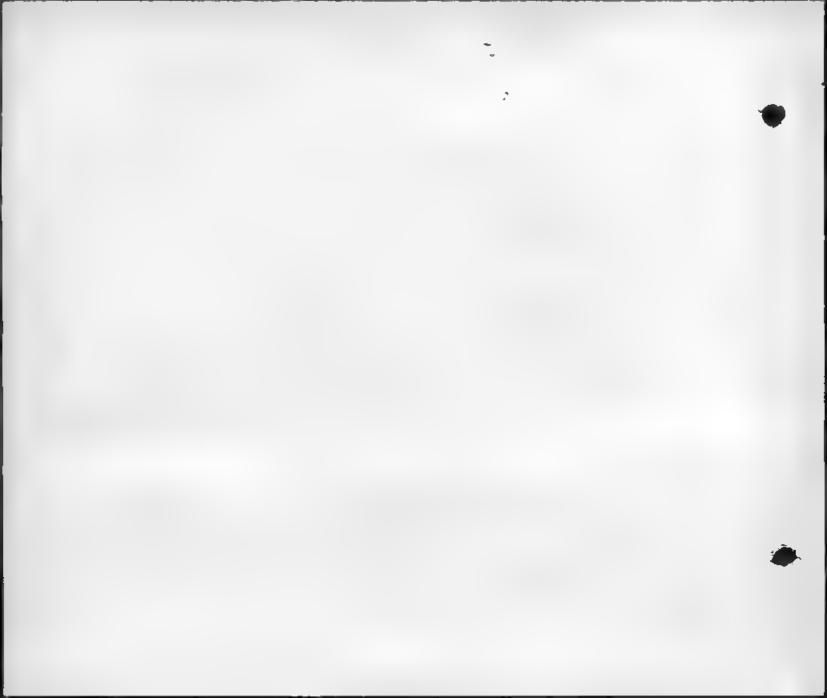
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bntg mery MARTLAND	Shingt'n D.C.
b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest form) Rethesda	Wichington D.C.
d NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Suburban Mospital	5920 -13 th / lace N.W. VB NO W
3. NAME OF DECEASED (Type on penn) Bilen (NEX4) L	Glynypri 4. DAYE Month Doy Year
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years FUNDER YEAR IF UNDER 24 HR
female white whowen to DIVORCED	8/21/87 T1 yrs Menths Days Haurs Min
100. USUAL OCCUPATION (Give kind of work done during most all working life even if refired) housewife	No Huken Comty
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Putfuse de CALLEL	ELLEN CONNERS
	INFORMANT Address
(Yes, no. b) without) [If yes, gare wer or datas of service]	LARAGAT C-LYNN-(Above)
IR CAUSE OF DEATH (Enter only one course ger line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	ONSET AND DEATH
15 % 3 DUE TO	
Condition if any, which (b)	1)
cause (a), stating the <u>under.</u> DUE TO	
lying cause out) (c).	
PART ! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPS
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206. ACC DENT WAS UNDERLYING TO 206. DESCRIBE HOW INSURY OF CURRE OF DEATH OF THE NOTITY MEDICAL EXAMPLES	D. (Enter nature of injury in Part or Part II of land B)
	ACE OF INIURY Home form (20! [City or lown) (County) (Stoke
A Hour a.m White Not white for	ctory street office bldg , etc.)
p. m 19 of work of ot work	
21 I certify that I attended the deceased from LL 15 =	5 Z. 19, to
alive on 1 2 7, 19 , and that death	a accurred atM, from the causes and an the date stated abo
1 504	ADDRESS (Street, city or long stole) DATE SIGN
SIGNATURE MOLICE TO DELTE	MD 57/2 Cole Cert M. W.
PHYSICIAN'S	1150
NAME (Type)	11 3 1 D. C.
220. BUR AL CREMATION. 226. DATE THEREOF 222 NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (CJy fown, or county) 7-State)
Received 2-5-59 Calvan	y Cerus Taledo Ofreo
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS /1	24m. REC D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
Deaf Funeral Home 4812 Da	Clus 2 W DATEFEE 9 39



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed - If institution, Residence before admission) o. COUNTY Q. STATE COUNTY MARYLAND 5 CITY OF TOWN (If guiside corporate limits, write A c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate firm)s, write RURAs and give nearest town) RURAL and give negrest lown? AIRLAND d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 5 RESIDENCE OR INSTITUTION ON A FARM? NURSING YES NO F NAME OF Middle 4. DATE DECEASED OF (Type of print) ORd DÉATH 19 5 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED BUDATE OF SIRTH -9 AGE (In years FUNDER I YEAR FUNDER 24 HIS last birthdoyl Months Dovi Hours Járn DIVORCED | WIDOWED P 100 USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) dod 12 CITIZEN OF WHAT COUNTRY. during most of working life, grap if returned) 400 Sewife usse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ě 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC AL SECURITY NO PERMAN Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) "Olds DUE 70 Conditions if any, which 6 mins gave tite to immediate **DUE TO** cause (a), stating the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19 WAS AUTOPSY PERFORMED? YES NO 🚰 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20s. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) Have of the factory, street, office bldg., etc.) While Not white of work of work 0. m 26 27, 1959, that I last saw the deceased 21. I certify that I attended the deceased from ATSAM, from the causes and on the date stated above alive on and that death occurred at. ADDRESS (Street city or **ACTUAL** SIGNATURE id be PHYSICIANS NAME (Type) 274, BUR A. CREMATION, 1776, DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 228 LOCATION (City lown, or county) (State) REMOVAL (Specify) プビェアらてんりんら 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Cultury & imme 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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		2	063	CERTIFIC	ATE OF DEAT	H		Reg. Dis		203
	PLACE OF DEATH	int r		MARYLAND	2 USUAL RESIDENCE (M		fixed If institute 6 CQUNTY		e before o	
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5.	sex ⊿්ව¹ ප	of te	7 MARRIE WIDOWED	DE NEVER MARRIED DIVORCED	Tune 20, 100		AGE (In years last birthday)			UNDER 24 HI
10e	during most of word Doctor	ON (Give kind of work a king life, even if natired)		IND OF BUSINESS OF IND	New Yo	rk, N.Y		2 CIT)	ZEN OF W	YHAT COUN
13.	FATHER S NAME	Louis Green			14 MOTHER'S MAIDEN	NAME a Bern	นา			
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of work of work p m. 21 I certify that I attended the deceased fram.

and that death accurred at M, from the causes and an the date stated above drive on. DATE SIGNED ACTUAL SIGNATURB

PHYSICIAN'S NAME (Type) 770 BUR AL CREMATION REMOVAL (Specify) DUPLBL 726 DATE THEREO!

Feb.

22d LOCATION (City fown, or county) 22c NAME OF CEMETERY OR CREMATORY King David Memorial Garden Falls Church

(Slote) Virginia

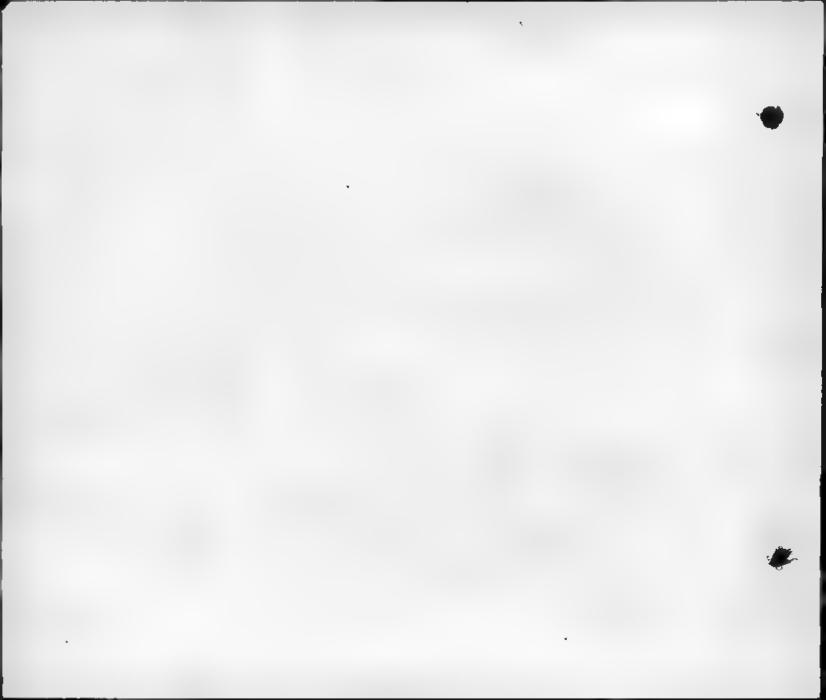
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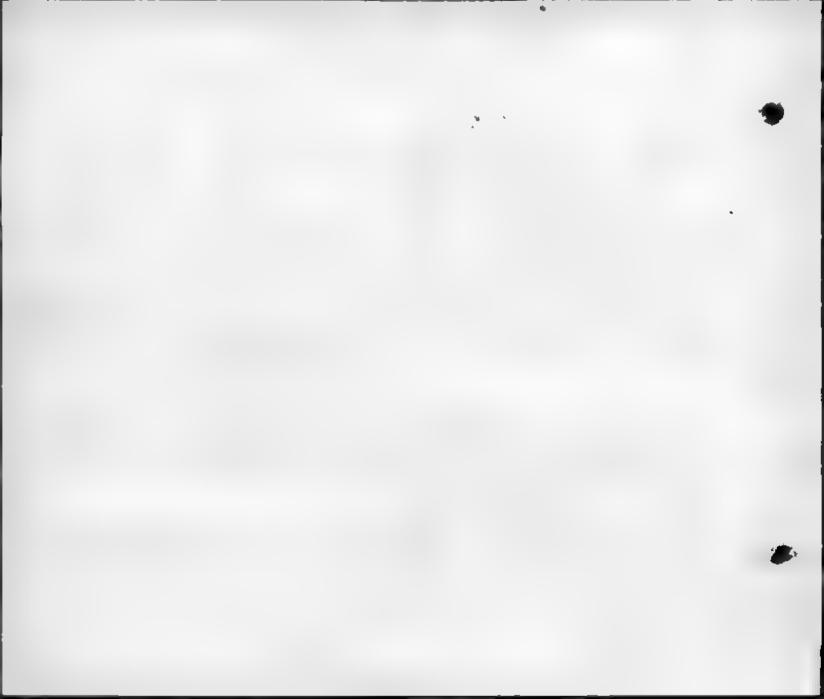


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2064 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg Dut No EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased lived - If institution | Residence before administral) a. COUNTY P COUNTY b CITY OR TOWN In goings corporate C LENGTH OF STAY IN 16 c CIY OR TOWN 'If outside corpotate firm it, write R JRA and give negres' town d NAME OF HOSPITAL OR INSTIT TON I not in hospital give street address; ON 4 2 YES NO K 3. NAME OF 4 DATE DECEASED Type or print) DEATH 1959 5. SEX P AGE IN TRUS FUNDER TYPER FUNDER 24 HVS best derthology). Months Dons Hours Min W DOWED [1] DIVORCED [B Do . SUAL OCCUPAT ON (Give kind of work done) 'Oo KIND OF BUSINESS OF INDUSTRY IT EXPTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT CO N' RY end ond during pipit of working life, even if relired) Labor 13. FATHER S NAME IA MOTHER'S MA DEN NAME 15 WAS DECEASED EVER IN L'S ARMED FORCEST 16 SOC ALSECURITY NO 17 INFORMANT No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). NUTRY AL BUT N PART & DEATH WAS CAUSED BY IMMEDIATE CAUSE IN DUE TO Conditions fory which ō gove rise to immediate couse DUE TO (a), storing the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NA DISEASE CONDITION GIVEN BY PART IN TIPE WAS A TOPSY PERFORMED? YES [] NO [7] 20g EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter notion of injury in Part I or Part II of fam 183) 20d INJURY OCCURRED 20e PLACE OF NEURY (Hame form 20F (C ly or form) 20c TIME OF INJ. BY Month, Day Year (Cayner) factory, street, office bldg., etc.) White Nat whife of work | at work 21 I certify that I took charge of the remains described above held an Autopsy . Inspection X, Inquiry X and n my opinion death resulted from Natura causes V Acc dent Suicide ... Homic de ... Undetermined monner ... CTO DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE 5 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER DA NAME (Type) 220 BUR A CREWA ON 1225 DATE THEREOF 22d LOCATION (City, town, or county) (State) eb. 24 Betheada Browningsville Md. 0 ADDRESS. 23 FUNTERAL DIRECTOR 5 SIGNATURE 240 REC D BY REG STRAR 246. REGISTRAN'S SIGNATURE VS A15ME DATE FEB 2 F '59 Laytonsville. Md 5M 2 57



CERTIFICATE OF DEATH 2065 Rea Dist. No. PLACE OF DEADS 2 USUAL RESIDENCE (Where deceased wed If and ration Residence before admission) . COUNTY o STATE b. COUNTY BLARYLAND District of Columbia b. CITY OR TOWN (If outside corporate with, write RURAL and give negres) form) 6. LENGTH DE STAY IN Th c CITY OR TOWN (If outside corporate units, write RURAL and give negrest fown) Touther. d. NAME OF HOSPITAL (It not in Hospital give street address) A STREET ADDRESS IS RESIDENCE CONTRIBUTION ON A FARM? Ropine Narsing Home 49th Street, N. W. YES THE NO TEL J. NAME OF Marketta DATE Month Year DECEASED (Type or one)) PRESTON GUTHRIE DEATH Feb 19 59 FRED 5. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED ET NEVER MARRIED B DATE OF BIRTH 9 AGE fin years tost birthday) Months Days Hours WIDOWED TO DIVORCED [77] 11/12 male white 10c USCAL OCCUPATION (Give land of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 SIRTHPLACE (Slote or foreign country) during most of working life, even if retired) pop 2 CITIZEN OF WHAT COUNTRY? Virginia Radio Communications Radio Corp. America of 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME ĕ Ť Walter Craig Guthrie Sallie I Gilkeson Ď 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 AINFORMANT n, 4600 49th St. N. W. 18. CAUSE Of DEATH [Enter only one cause per line for (o). (b), and (c). NIERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-78 22-19 71.2 1 **DUE TO** Conditions, if any, which ! gove rise to immediate DUE TO cours (o), sloting the vaderlying cours lost. PAIR 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(m) 19 WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, Doy. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Country) (State) MEDIC n. n. factory, street, office bldg., etc.) White Not while of work all work D. m 21. I certify that I attended the deceased from 6 ... 1226. That I lost saw the deceased and that death occurred at 2.150 M, from the causes and an the date stated above alive on ADDRESS (Street, other or form DATÉ SIGNED ACTUAL **HOSPITAL** PHYSICIAN'S NAME Type FUNERA 270 BURIAL CREMATION, 276, DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lowik or county) (Stole) REMOVA, (Specify) 1959 Tet Tinkleing Springs Pres. Church Fishersville 2 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE & Thurs Wilson Blvd. Arlington | Warn 9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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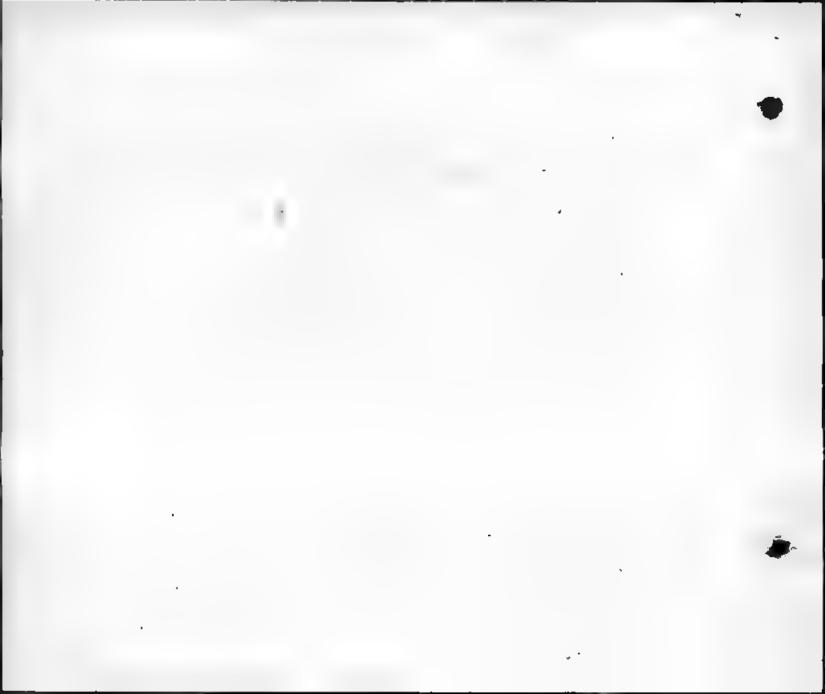
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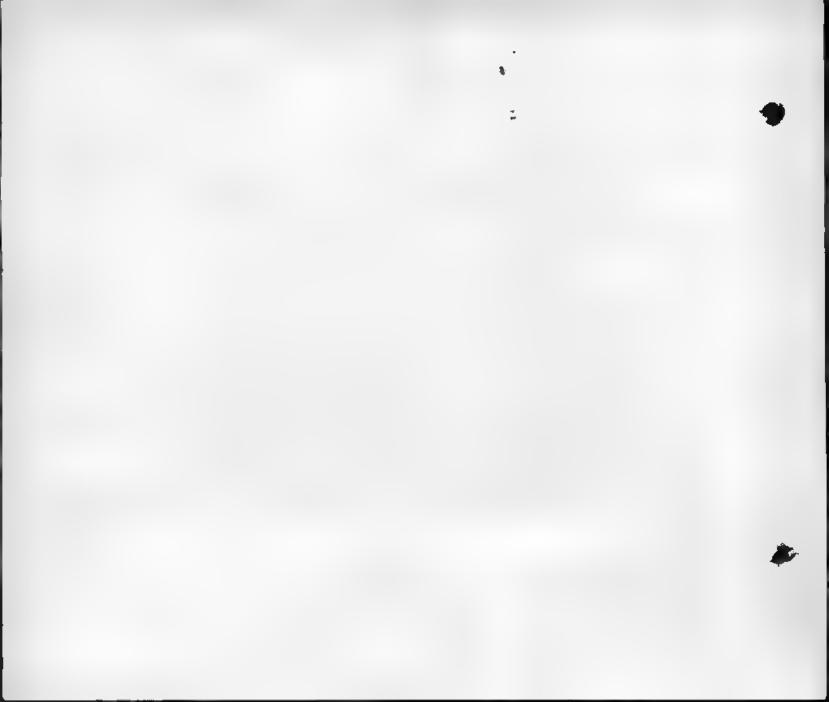
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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069	CERTIFICATE	OF	DEATH
002	CERTIFICATE	OF	DEATH

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Rog. Dist.	No.	Re'	T.

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d. NAME OF HO OR INSTITUTE	SPITAL (If not in hospital, give street.	oddress)	A STREET ADDRESS			II. 15 RESIDENCE ON A FARM?
	Suturban Hospi	tal	3205 Winn	ett Road		YES NO
3 NAME OF DECEASED	First	Middle	Lost	4 DATE OF DEATH	Nonh	Doy Year
(Type or print)	Virgini		HARDING		Feb. 20	19 59
S SEX	6. COLOR OR RACE 7 MARI	IED 🕎 NEVER MARRIED 🔲	8 DATE OF BIRTH	9 AGE [In last bir]		VEAR IF UNDER 24 HIPS
Female	. White woow	D DIVORCED	9/5/14	L		alt Hoosa Will
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Новет	sker	At Home	Chica	go. Ill.	U.	S.A
13. FATHER'S NAME			14 MOTHER'S MAIDEN N			
	Rev Hammond			Unicasyn Car	therine Tr	tompson
	EVER IN U. S ARMED FORCES? 186	SOCIAL SECURITY NO 117	INFORMANT		Address	
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ative an	72.	\mathcal{J}_{-} ,, and that deat	h accurred at $\angle 1/26$.			
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PHYSICIAN'S NAME [Type]	- w. 1. 2. 2. A. A	An. 1 . 6. 1	ı^			/
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23 FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGN	ATIORE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALT!MORE. 18 **OPMEDICAL EXAMINER'S CERTIFICATE OF DEATH** FOR STAT Ren Dist No HEALTH DEPT. PLACE OF DEATH 2 USBAL RESIDENCE Where deceased lived. If instruction, Residence beld and a strong 6 COUNTY 6 COUNTY MARYLAND b CITY OR TOWN It definds corporate limits with replica C LENGTH OF STAY IN 16 c. CITY Of TOWN "Youtside corporate limits, write PURAL and hive recorns lown) 1. 8. 1. 1. 1. d. H. & NAME OF HOSPIAL OR INSTITUTION If not in hospito give street oddress) d STREET ADDRESS ON A OR YES NO 3. NAME OF 4 DATE All reletta Los Year DECEASED OF Type or print) , DEATH 5. SEX 4 COLOR OR RACE 7 MARRIED THEYER MARRIED P AGE He years IF UNDER TYPEAR IF UNDER 24/HES Months [Hours Min WIDOWED [7] 100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF 8 SINESS OR INDUSTRY during most of working file, even if retired) 600 600 12. CITIZEN OF WINAT COUN RYA the it last the pager 3 FATHERS NAME 14 MOTHER'S MAIDEN NAME. S ARMED FORCES? THE SOC A SECURITY NO TIT INFORMANT 15 WAS DECEASED EVER IN . 1211 Tau 6,241 to k. 41 B. CAUSE OF DEATH | Enter only one come per line for (o), (b), and (c). PART DEATH WAS CAUSED BY MAMEDIATE CAUSE (c) promony DUE TO Ö Condi ons H any, which gove r to to immediate coure? **DUE TO** (a), storing the underlying; Course fort PART II. OTHER SIGN-FICANT CONDITIONS CONTRIUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART TIGHT WAS AUTOPSY PERFORMED? NO K YES M Fern dearl surrent days 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW N RY OCCURPTO Enter nature of injury in Part for Part PRIMARY OF ONTRIBUTING CAUSE OF DEATH 20¢ TIME OF INJURY Month Doy, Year 20d N JRY OCCURRED 20e PLACE OF INJURY (Home form 20f [City or town) (County) (Stute) factory street off ce bidg elc., White Not white of work of work 2) I certify that I took charge of the remains described above held on Autopsy [7] Inspection | and in iv opinion death resulted from Notural cause. Accident . Suicide . Homicide | . Undete mined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAM NER STOMATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME Type DEPUTY MEDICAL EXAMINER TO B R A RE-AA IGN 225 DATE INFREOF 27. NAME OF CENETERY OR CREMATORY 22d JOCATION C'y hown or county, (Stote) RIMOVAL Specify, 40 23, FUNERA, D PECTOR'S SIGNATURE ADDRESS 240 JREC'D BY REG STRAN 246 REGISTRAR'S SIGNATURE VS. A SME 5M 2 57



death.

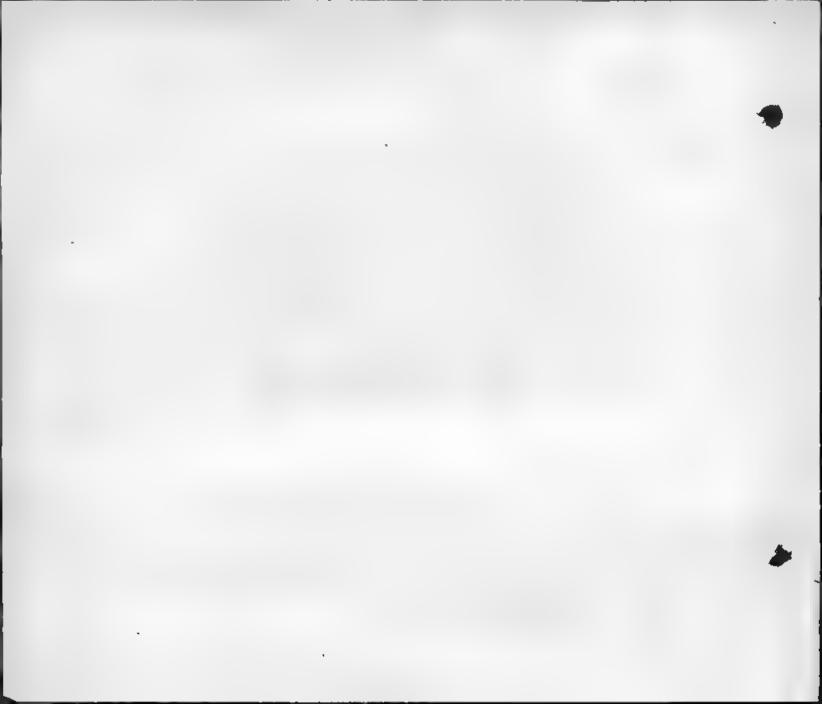
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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Montgomery		MARYLAND	o STATE	5 CQUNTY.	· ·
Bethesda	orole limits, writ	129 davs	C TY OF TOWN (II a		and give nearest fewn)
of NAME OF HOSPITAL (W no) in I	nter, B	etheada 14, Md.	d STREET ADDRESS	rsity Boulevard,	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Milton	Middle Francis	Heffernan	4 DATE Month OF SEATH February	16, 1959
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USUAL OCCUPATION (Gine kind during most of working lite even Budget Examiner	of work done 10 If ret red]	Government	Mashing of The Washing	1. 1	U. S. A.
FATHER'S NAME Harry Heffernar	1		V .		
WAS DECEASED EVER IN U. S. AR	MED FORCES?		NIORMANT The Med	lical Record Address	14, Maryland
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PHYSICIA MYS	lten Shy	, M. D.			Health
differential filmostics				WASHINGTON , D. C	
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death cate be executed within 24 haurs after death may be retained to the hazpita or attending physician.

TO FUNERAL DIRECTAR After this certificate has been signed by the attending physician and campletely Filed in by the page 3 shauld be detached for use as the bur of times permit. Then please remove carban papers. Pages 1 and 2 shifter expertant and a principle of remarkal and to any event within 72 hours after death. VS A15 (4) 15M 9 55



1993 CERTIFICATE OF DEATH

12146

1. PLACE OF DEATH • COUNTY MARYLAND	2 USATAL RESIDENCE (Where deceased lived If institutions Residence before admission 6. STATE b. COUNTY > 1
b CITY OR TOWN If ownide corporate limits, write c LENGTH OF STAY IN Th	c C TY OR TOWN (If outside corporate mits, write RLRAL and give nearest town)
RURA; and give nearest town)	C A 1 - O1 10
La Koma Jack, Md. I Mon. I Idas	
d. NAME OF MOSPITAL (If not in hospital give street address) OR INSTITUTION	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Wasnington vantarum + Has	100 45 th St 185 NO
3. NAME OF Figl Middle	Lost 4 DATE Month Day Year
(Type or pr m) Telian Europe H	HERDONEKE DEATH Tob. 2 19-7
5. SEX 6. COLOR OR PACE 7 MARRIED NEVER MARRIED	8. DATE OF B RIH P AGE (In years IF JNDER I YEAR IF UNDER 24 HRS
Male Italia widowed orvorced	5-15-73 last birthday Months Days Hours Min
10g USEAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Ι t
12 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
13. PATRICK'S NAME	A
Albert E Hendricks	Laura Allender
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	INFORMANT Address
Lee Will I Acida	Pt. s-thart
18. CAUSE OF DEATH [Enter only one cause get line for (a) (b), and (c)]	Nyery L DETWEEN
PART I. DEATH WAS CAUSED BY THE WAY TO SELECT	in alon hadrit grisevano death
DUESO L'ASTE CASTORION DE LA CONTROL DE LA C	Cinitial Robins
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Conditions if any, which	wave a danage
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[3]	Y85 □ NO □
E 200 ACC DENT WAS UNDERLYING () 206 DESCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in Part I or Part II of item 18.)
206 ACC DENT WAS UNDERLYING () 206 DESCRIBE HOW INJURY OCCURRY OF CONTRIBUTING () CAUSE OF DEATH () FETTHER NOT FY MEDICAL EXAMINER;	
20c TIME OF INJURY Month. Day Year 20d INJURY OCCURRED 20c PI	LACE OF INJURY Home form 20f (City or lown) (County) (State)
Mour u. m. White Not white fo	actory, street, office bidg. etc.)
p. m. †7 al work al work	A L
21 I certify that Laftended the deceased from A. T. C.	1928 to 1957, that I fast saw the deceased
alive an 12/22 19 52 and that death	h accurred at 115 M, from the causes and on the date stated above.
THE DE DE SOL	ADDRESS (Street, city by town, fole) A DATE SIGNED
ACTUAL TO LOCAL TO LO	934 Down Art Librarition W.
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PHYSICIÁN'S NAME (Type)	· ·
220 BUR A. CREMATION. 226 DATE THEREOF 226 NAME OF CEMERANY C. PEMOVAL SPECIFY 2-639 LLS CREMENT	OR CREMATORY TO COY TOWN, or county (State)
	7/102/ 3-17/2 8.63.
23 PUNERAL DIRECTOR'S SIGNATURE	240. REC D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
JW LIE 300 4/25/N	DATE FEB 9 '59

erol director be tiled with TO HOSPITAL THENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 2 may be retained the hosp tall or attending physician.

TO FUNERAL DIRECTAR After this certificare has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial trains permit. Then please remove carbon papers. Pages 1 and 2 shifther egistrar priat to burial cremation, as removal, and in any event within 72 hours after death.

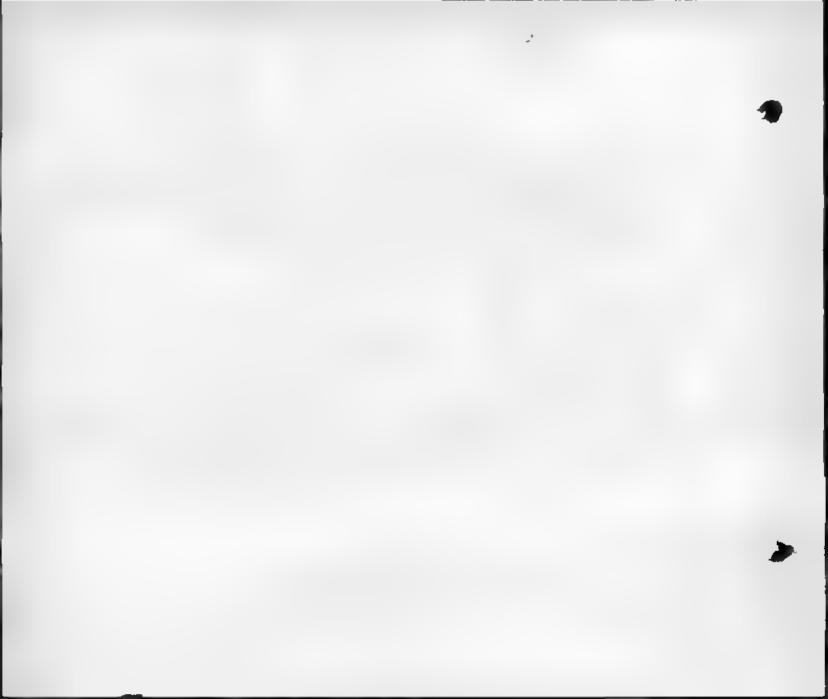
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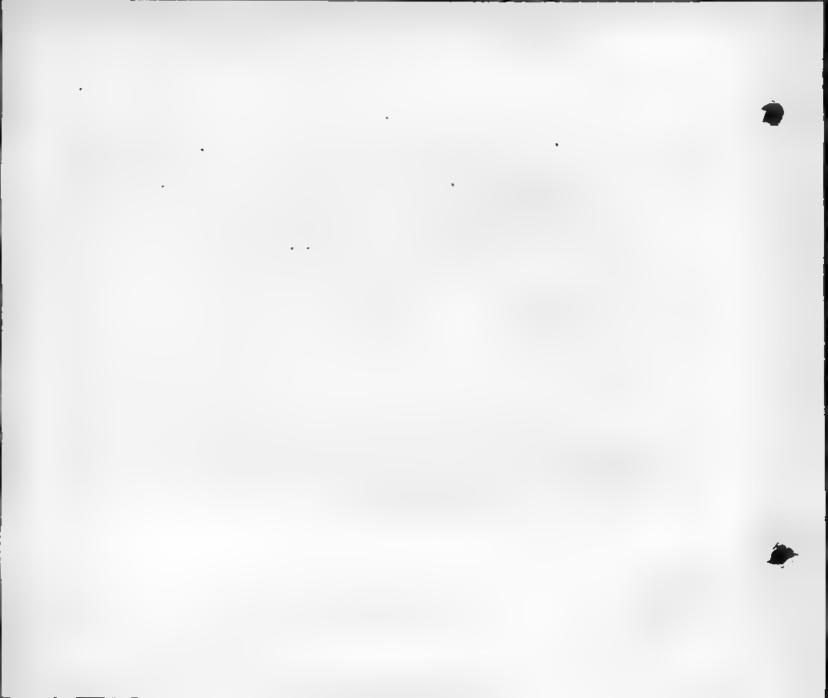
PLACE OF CRAIN Reg. Dist. No		MARILAND	SIAIE DEPAKIME	NI OF HEALTH	-BALTIMORE, 1	8 0453	ta -
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Maryland America		Marc MILLOC		2/23/59 @ 81.	i.5 am yn	Months Days H	[2] M
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ACTUAL SIGNATURE ACTUAL SIGNATURE M. G. Proisser M. D. Sill New Hampshire Ave., Silver Spring Physician's Name (Type) No. 6118 New Hampshire Ave., Silver Spring Physician's Name (Type) Remova. (Remailon) Remova. (Specify) Cremation 220. Name of cemetery or Crematory Washington Sanitarium and Hosp Takoma Park Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC O BY REGISTRAR'S SIGNATURE	Ment	Hour a. m. 19 p. m. 19 p. m.	Not white fack	ory street, office bidg, etc.)	20f. [City of foven]	(County)	Į.
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FOR STATE	And MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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Page 1	PART I DEATH WAS CAUSED BY Cornary Deckuson Sudden
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Page 10	
A P D C G	21 I certify that I look charge of the remains described above, held an Autopsy, Inspection, Inquiry, and n my
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1995MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg Dist No HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If not tulion, Residence before odm is on O COLNTY Mentgomery 6 COUNTY MARYLAND B. C. FY OR TOWN If outside corporate Smits, write BUFA C LENGTH OF STAY IN 16 c. C. TY OR TOWN. If ou side corporate finity, write RuRAL one give nearest sown "Takoma" Park 49 yrs. Takoma Park d. NAME OF HOSPITAL OR NST TUTION (If not in hospital give street address) d STREET ADDRESS الم م E 02 7200 Holly Ave. ON A FA 7200 Holly Ave. YES NO [Middle 4 DATE Month DECEASED Type or print) Humphrey Sr. DEATH John 6 CO'OR OR RACE 17 MARRIED TO NEVER MARRIED 118 DATE OF B RTH 9 AGE IN VIOLE F MOER TYPAR F NOER 24 HPS Morths Days male white Hours J. Man WIDOWED [7] DIVORCED ! 6 Poge ! 100. USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR INDUSTRY 1) B-RTHPLACE (State or foreign country) 12 CITZEN OF WHAT CO PATRY? during most of working life, even if retired) 2alesman D.C. USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Humphrey Connor 107.01 į. B 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 0 15 Offy Carg with Adelia H. Frazier Item 2 B. CAUSE OF DEATH TEnter on y one cause per ne for (o). (b) and (c) proto INTERVAL BE WER PART I. DEATH WAS CAUSED BY Coronary occlusion sudden MMEDIATE CAUSE (0) 40 DUE TO Q Conditions if any which gave I to to immediate course panding in p ico! Esopiner's DUE TO (a), stoling the underlying cours (ps) PART II D'HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY I NOT RELATED TO THE TERMINAL DISEASE CONDITION C VEN BY PART 1,0) IF WAS ALTOPSY PERFORMED? History of previous heart desense NO T YES [206 DESCRIBE HOW NAMEY OF CURRED (Enter notions of in any in Part or Part II of Hom 18. 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH ould 20d N. RY OCCURRED 20e PLACE OF INJURY (Home form.) 20f (City or lown, 20c TIME OF INJURY Month Day Year (County) factory, street, office bldg., etc.) 0. m. While Not while of work of work p. m. 2) I certify that took charge of the remains described above, held on Autopsy . Inspection X. Inquiry X and in his 40 opinion death resulted from Natural couses 🔛 Accident 🗍 Suicide [], Homicide [undele mined manner Corner DIRECTOR DATE HONTO ACTUAL CHIEF MEDICAL EXAM NER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Broschart DEPUTY MEDICAL EXAMINER TO NAME Type should FUNER 220 BUR AL CREMATION 226, DATE THEREOF 22. NAME OF CEMETERY OF CREMATORY 72d ACCATION (City, town of country) -REMO: AL ISpecify 70 **ADDRESS** 23 FUNERAIND RECTOR'S SIGNATURE 240 REC D BY REGISTRAN 246 FEGISTRAR'S SIGNATURE VS A SME



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0204. 2073 **CERTIFICATE OF DEATH** Reg. Dist. No 215) PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Ret dance before adminio a COUNTY o STATE **b** COUNTY MARYLAND Aryland. Montgomery Montgomery b C TY OR TOWN (If outside corporare limits, write E LENGTH OF STAY N 16 CITY OR TOWN (If autside corporate limits, write RURA), and give nearest rown. RAL and give nearest town). 12 days Bethesda (Rural Silver Spring d NAME OF HOSPITAL (I not in hospilos, give street oddress) d STREET ADDRESS. S RESIDENCE OR INSTITUTION ON A FORM? 1606 Brisbane Street YES TE NO CA **U.** S. Naval Hospital 3 NAME OF Smill 4 DATE Middle Year **OFCEASED** OF DEATH Robert HUMPHREYS (Type or priot) Lincoln February 1959 5 SEX 6 COLOR OR RACE 7 MARRIED IN NEVER MARR ED | 8 DATE OF BIRTH FUNDER TYEAR FUNDER 24 HRS 9 AGE (n years 30 yrs Months Dogs Male Caucasian | willowed | DIVORCED [100. USUAL OCCUPATION 'Gree land of work done 106 KIND OF BUSINESS OR INDUSTRY IT E RTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY during mos of working life even if relired) Radio Engineer Federal Aviation At. Washington, D. C. U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lincoln HUMPHREYS Julia YOUNGQUIST S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOC AL SECURITY NO 17 INFORMANT Address (W) Mrs. Mary Louise Humphreys, same as #2 WW I 18 CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Melignant melanoma with metastasis years MAMEDIATE CAUSE to (Primary site: left scapula region) DUE TO Conditions if any, which ? gove rise to immediate **DUE TO** 6 4 couse (o), sloting the underly ng couse lost PART ! OTHER SIGNIFICANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART TO 119 WAS AUTOPSY PERFORMED? YES 🖭 NO 🖂 200 ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IN CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter polure of injury in Port Lor Port II of item 18.1 20c TIME OF NJURY Month, Doy 20e. PLACE OF N/uRY (Home form, 201 (City or form) 208 INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not while at work of work o m 21 I certify that I attended the deceased from January 23 , 1959 to February 4 , 1959 that I last sow the deceased give onFebruary 4 , and that death occurred at 10:45AM, from the causes and an the date stated above ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL U. S. Navel Hospital, MNMC SIGNATURE FUNERAL I PHYCICIANS Bethesda 14, Maryland R. C. THOMAS, LT. MC, USN NAME (Type) -----220 BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, fown, or county) (Slote) abod Arlington Arlington National ۷a.

ADDRESS

Pumphrey Funcral Home, Betheada, Md.

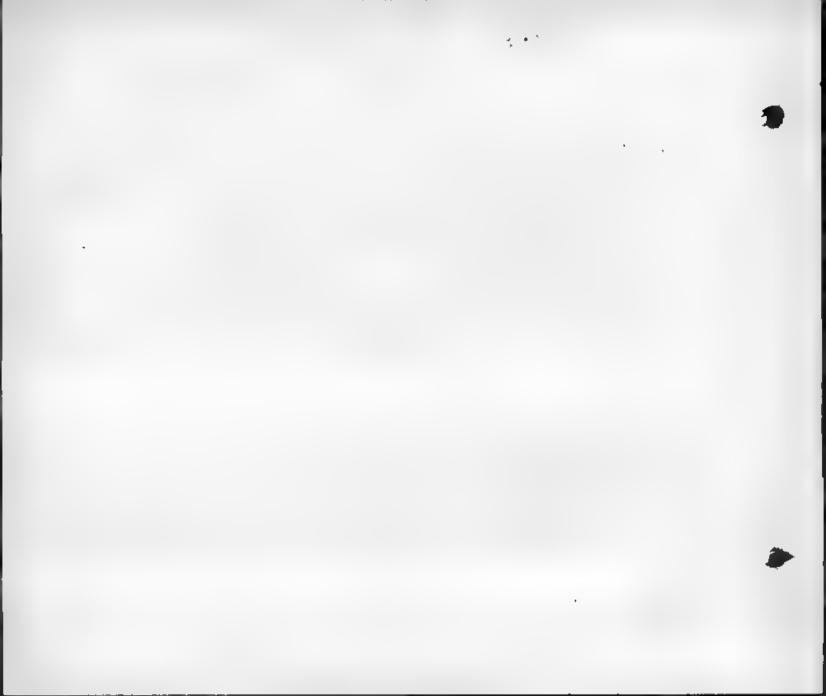
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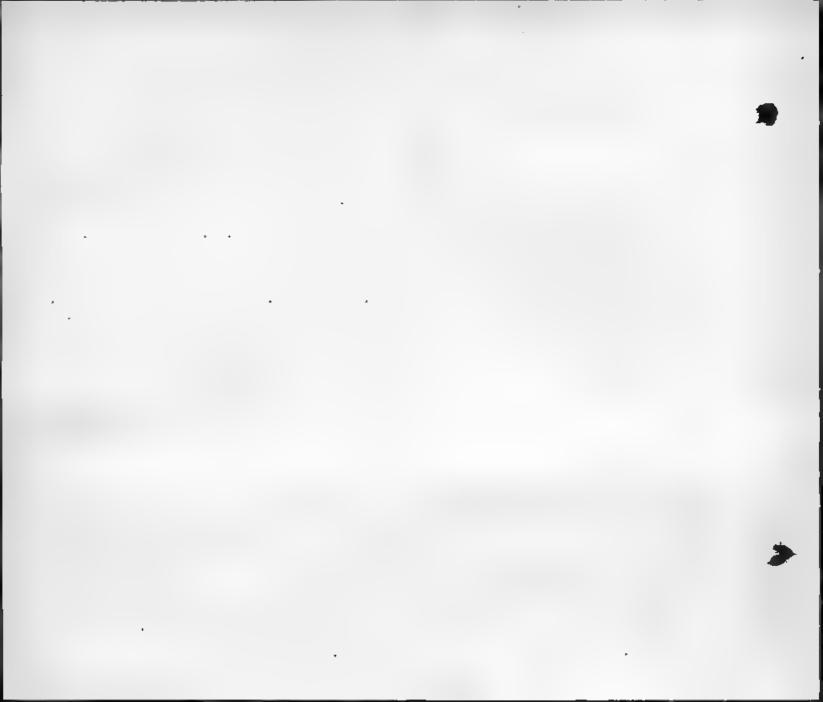
246 REGISTRAR'S SIGNATURE

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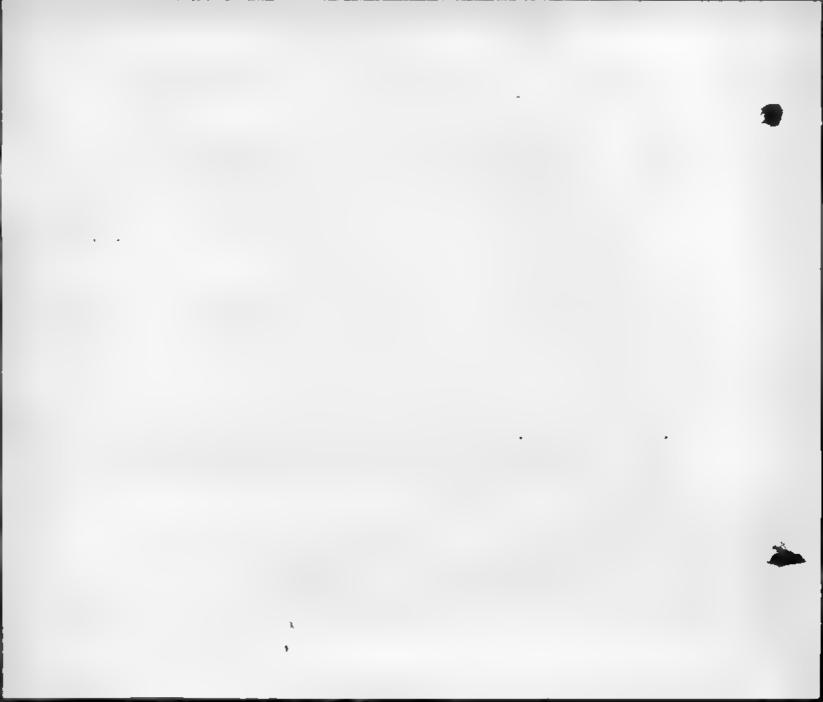
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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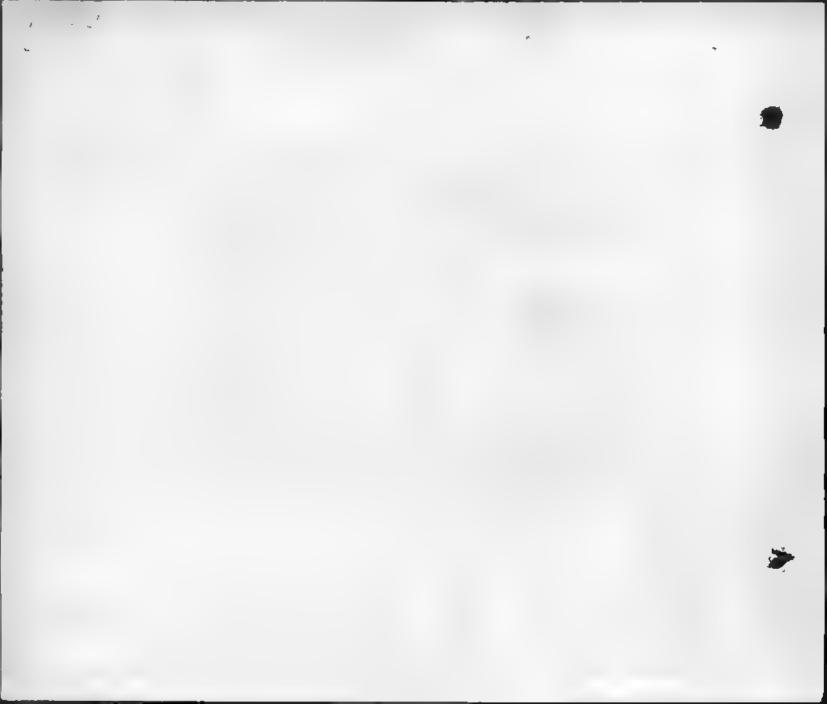
ADDRESS

A. Pumphrey - Bethesda, Maryland

240. REC'D BY REGISTRAR

245 REGISTRAR'S SIGNATURE

Y5 A15 (4) 15M 9 55 23. FUNERAL DIRECTOR'S SIGNATURE



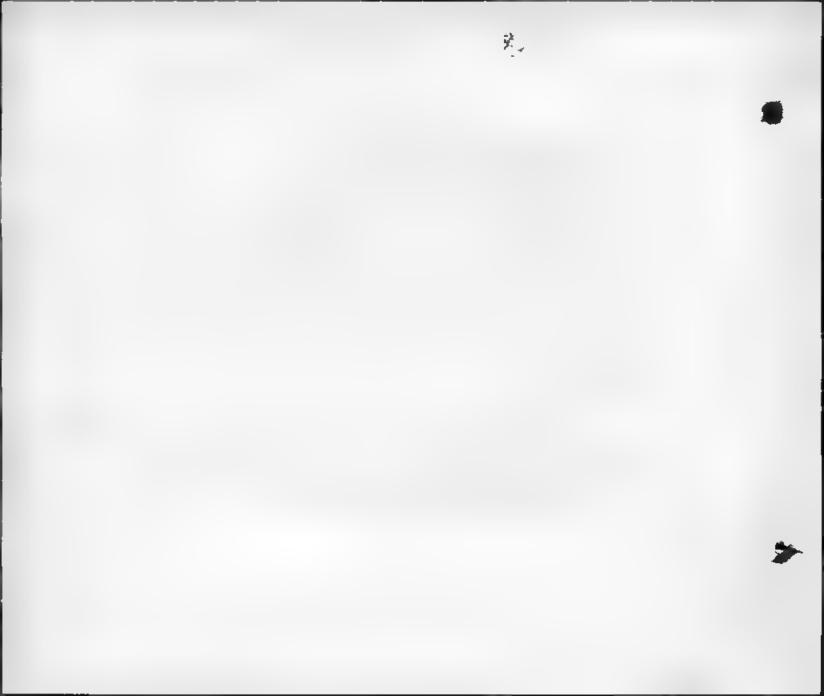
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2077

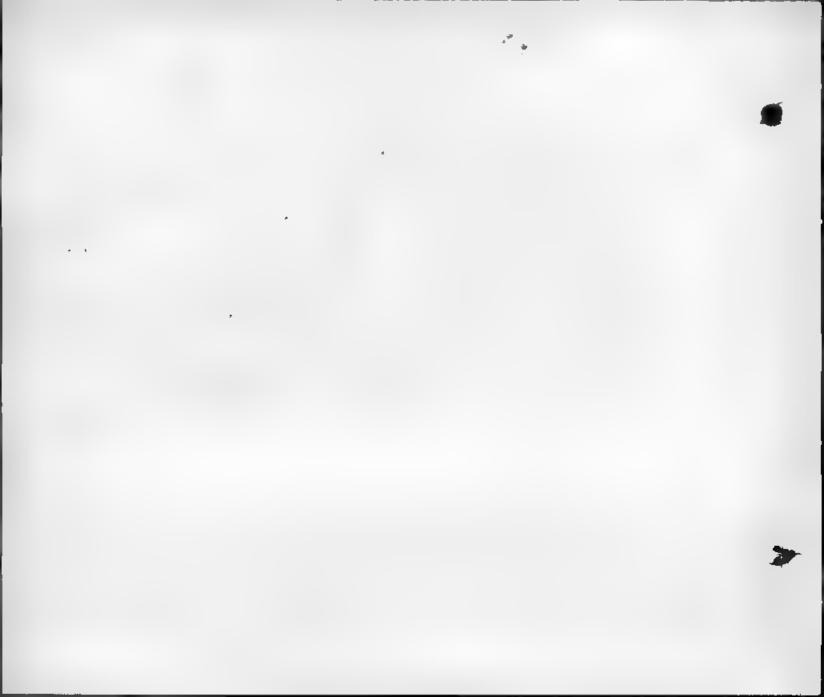
CERTIFICATE OF DEATH

Ren. Dist No 215

PLACE OF DEATH			44.00	YLAND	2 USUAL RESIDENCE (WHO STATE		6 (2001)	on Residence	before odm-13	non
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Betnesda (27 days	:	Washington		1	I N		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital ig	ive street	oddress)		d. STREET ADDRESS				e IS RES	DENCE
U. S. Nava	1 Hospital				4544 Texas	Ave.,	S. E.		YES 🗀] MO [X
3 NAME OF DECEASED	Fin	15	Anddle		upsi	4 DATE OF	Mon	(h	Doy	Year
(Type or print)	Henn	су			IRVING	DEATH	Febr.	ary	23	1959
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13. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·				14. MOTHER'S MAIDEN N	IAME				
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15 WAS DECEASED EVE			SOCIAL SECURITY INC	17 1	NEORMANT		Addr	ep3		
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18. CAUSE OF DEA	TH [Enter only one co	use per bi	ne for (o), (b), and (c).	.]	*			-	INTERVAL DE	TWEEN
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21. I cortify th	at I attended the	deceas			/, 19.59_, юFel					
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	1 1	7	, /			ADDRESS (Sk	eet, city or town,	shore)	0.0	ATE SIGNED
SIGNATURE	× ,	, ,	. 1		MD. U. S. Nav	ral Ho	spital		2-24-	-59
						`+`+	**********			-6-6
NAME (Type)	R. G. MUTH,	LT,	MC, USN		Bethesda	14, M	ryland			
270 BL RIAL CREMAT C		f	22¢ NAME OF CEM	ETERY O			ON Chy lown o	or Equaly)	(S) et	e)
B M 181	. 152 المحل				otist Church		ington		Virgin:	
2) FUNERAL DIRECTOR		1	ADDRESS 30/		2/0/YE . 240 BECT	D BY REG STI		TRAR'S SIGN		
	nes & Co.,	901	3rd St., S	1 'O	E. DC SEER	26 5	1013	" 7 75c		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 2079 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission COUNTY Amherst MARYLAND Montgomery Virginia CITY OR TOWN If outlide corporate limits, write E LENGTH OF STAY IN 15 a CITY OR TOWN (If outside corporate limits, write R. RAL and give negrest town) RURAL and give nearest (awn) Bethesda Amherst d NAME OF HOSPITAL (If not in hospital, give street address) OR INST TUT ON d STREET ADDRESS e IS RES DENTE ON A FARM? The Clinical Center, Bethesda 14, Md. YES | NO R General Delivery 3 NAME OF 4 DATE DECEASED (Type or print) Reuben Pettice DEATH Isaman 26. 19 59 & COLOR OR RACE AMARRIED IN NEVER MARRIED | B DATE OF BIRTH P AGE (In years lost birthday) OF INDER I YEAR FUNDER 24 HRS Mantha Dovs Hours WIDOWED IT DIVORCED [T Mala January 21. TOO USUAL OCCUPATION (Give kind of work done) TOO KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (Slove or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Brakeman Railroad Virginia U.S.A. 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME Link Iseman Alice Staples 15 WAS DECEASED EVER IN J. S. ARMED PORCES? [16 SOC A. SECURITY NO 17 INFORMANT The Medical Record Address The Clinical Center, Bethesda 14. 18 CAUSE OF DEATH [Enter only one course per line for (o), (b), and (r)] ONSET AND DEATH PART I DEATH WAS CAUSED BY Lobar and Lobular Pneumonitis L Davs IMMEDIATE CAUSE (6) DUE TO Malignant Carcinoid with widespread Metastases Years gave risk to immediate DUE TO couse (a), stoling the under ying couse lost PAY II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FART HELD TO WAS AUTOPSY PERFORMED? 2 3 ä YES 🗽 NO 🖸 20€ ACC DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I) of riem 18., CF E THER NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State factory, street, office bldg, etc.) Hour a.m. While Not while of work of work 2) I certify that I attended the deceased from February 23 , 19 59, to February 26, 19 59, that I last saw the decease , and that death occurred at 5:30 AM from the causes and on the date stated above ADDRESS (Street city or lawn, stole) DATE S' GNED ACTUAL The Clinical Center 8 National Institutes of Health Eugene B. Feigelson, M. D. NAME (Type) Bethesda 14. Maryland 220 BURIAL CREMATION, 276 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 724. OCATION (C by town or county) pode Amherst Cemetery Amherst, Virginia. O 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Demaine & Son Funeral Home, Alexandria, Va DAME MAR ? VS A15 (4) 15M 10/57



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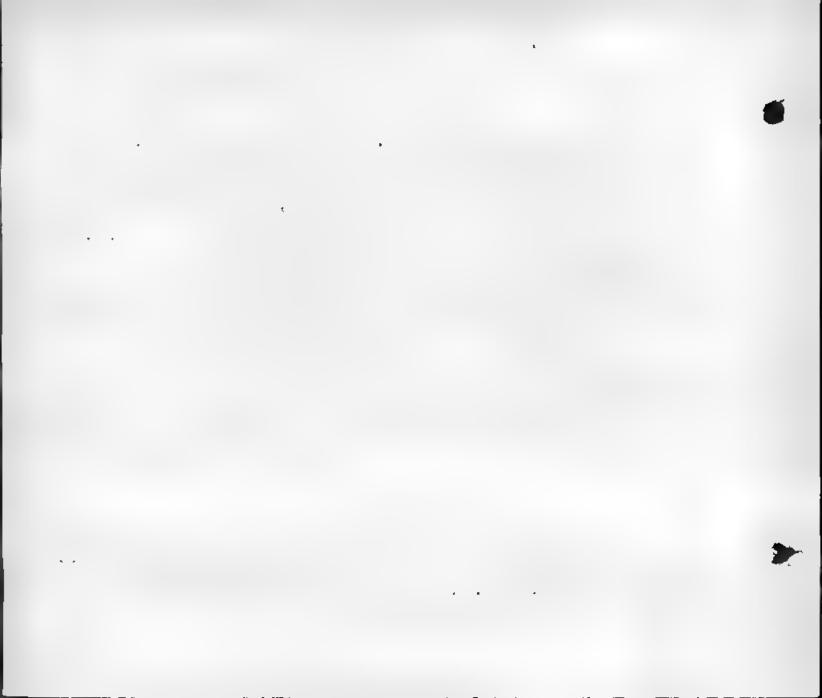
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



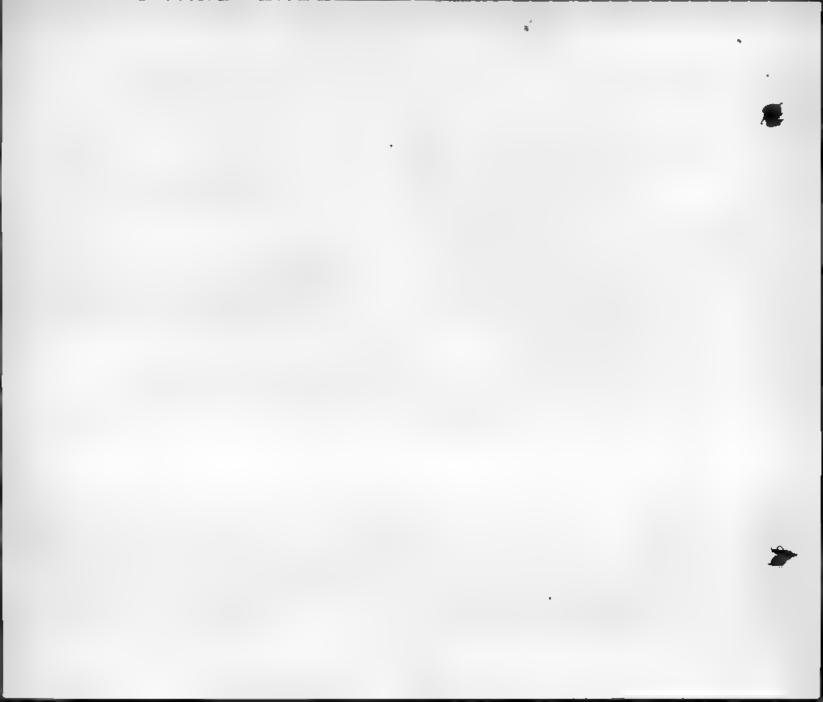
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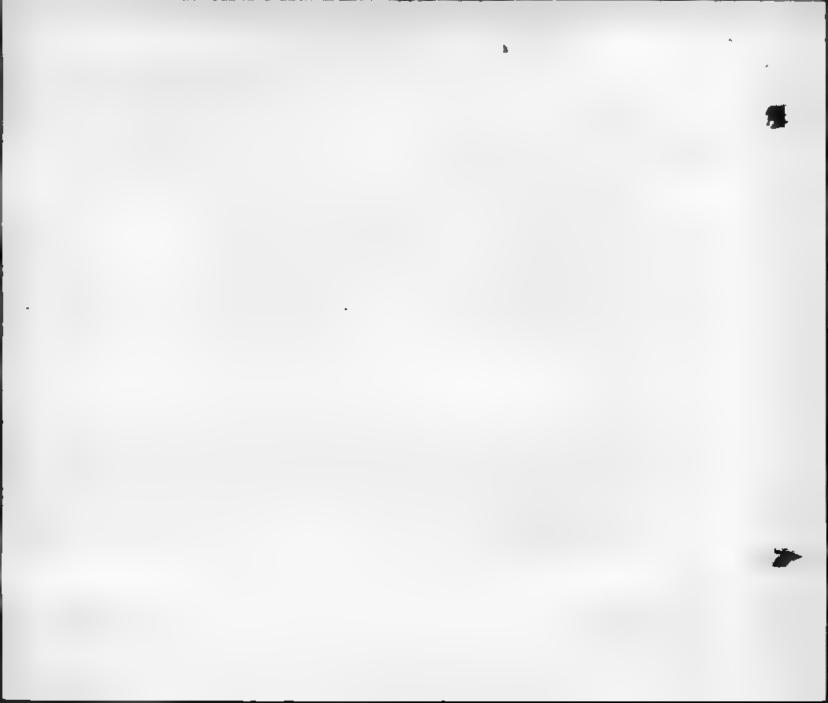
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DATE FER 1 53

Robert A. Pumphrey-Bethesda, Maryland

15M 9 55





	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
-	2884 CERTIFICATE OF DEATH Reg. Dist. No. 112(10)
	PLACE OF DEATH DECOUNTY
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	3 NAME OF DELEASED (Type o print) Christophily Joseph Keller DEATH Hill 19 19 9
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0	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITIO
	20c ** ME OF INJURY Month. Day Year 20d INJURY OCCURRED Hour o m
	21 I certify that I attended the deceased from \$\frac{1}{2} \text{, 19} \text{, log } \text{, 19} , that I last saw the decease of years of the course and on the date stated obove ADDRESS (Street city of town, licits) ACTUAL SIGNATURE ACTUAL ROOM PROPERTY AND THE SIGNATURE ACTUAL ROOM PROPERTY AND THE SIGNATURE ACTUAL ROOM PROPERTY AND THE SIGNATURE AND
-I	PHYSICIAN'S +OHN B. IZIE'SLER
	220 B RIAL CARMATION 226 DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City fown or county) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 3 / / AT 240 BEC D BY REGISTRAR 240 REGISTRAR SIGNATURE



ON A FAR

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🔝 NO 🗍

> > (Stote)

DATE SIGNED

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U.S.A.

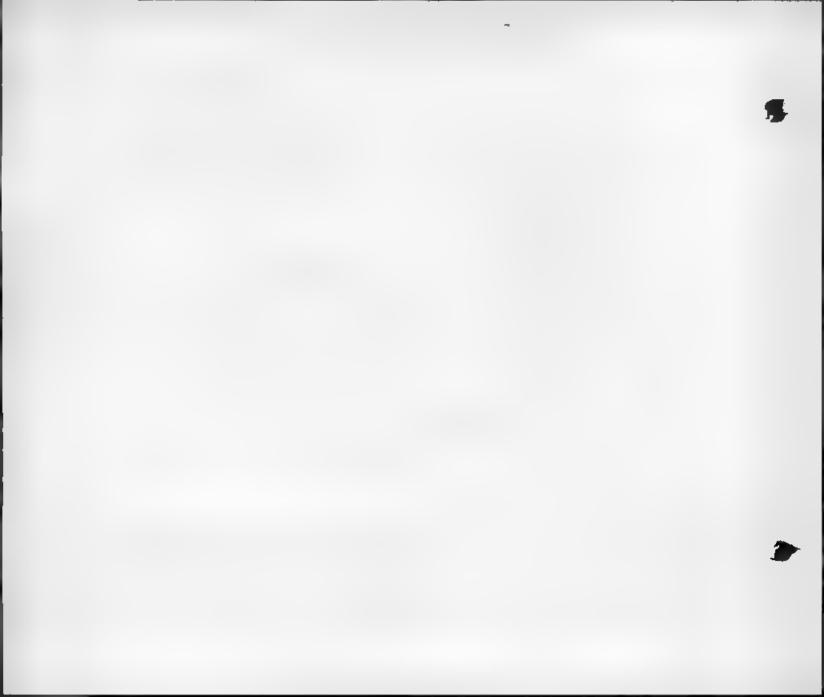
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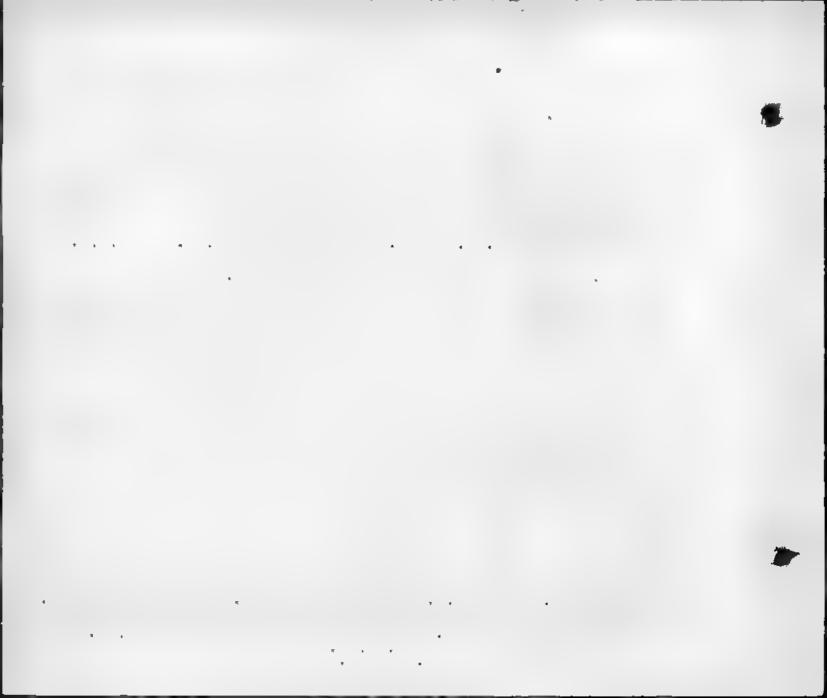
Arlington National & ADDRESS CILCON k.w.Chambers, 1400 Charin St., IW, Jash, D.C.

246 REGISTRAR'S SIGNATURE 240 REC D BY REGISTRAR DATE

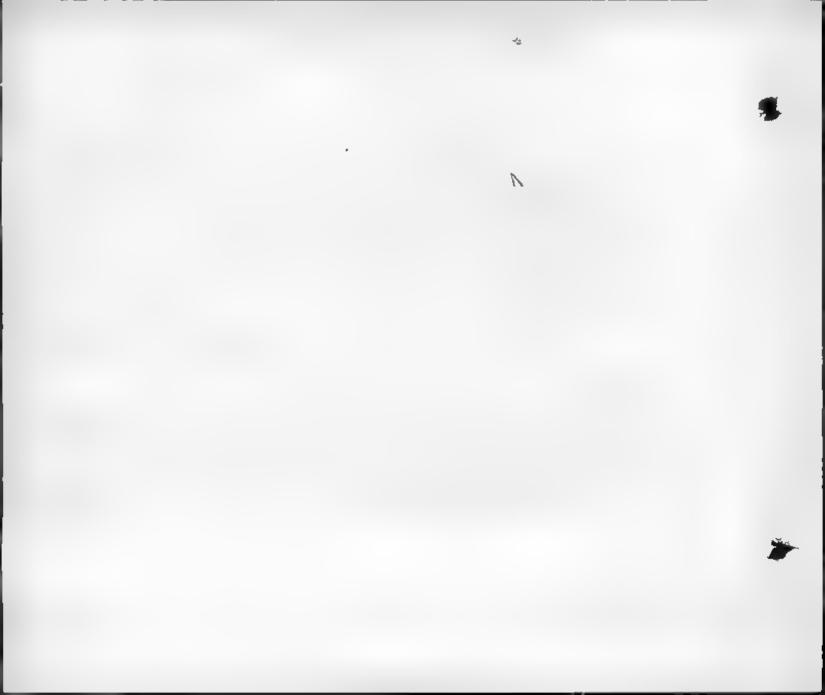
Ó VS A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2087 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If invitation. Residence before admission) a. COUNTY 5 COUNTY MARYLAND Marmant Monta, n. Mont Acmeria b. CITY OR TOWN (If outside corporate limits, with RUBAL and give nearest town) & LENGTH OF STAY IN 16 c CITY OF TOWN (If aetude corporate limits, write RURAL and give georest town) Dethesda d. NAME OF HOSPITAL (If notion hospital) give street oddress) E 15 RESIDENCE OR INSTITUTION ON A FARM YES | NO IT DATE First Middle DECEASED OF (Type or print) DEATH 9 AGE (In years 5. SEX MARRIED | NEVER MARRIED | 8 DATE OF BIRTH IF JADER 1 YEAR F UNDER 24 HRS last birthday) Months 7 mile DIVORCED | WIDOWED IN 100. USUAL OCCUPATION (Give kind of work done) 10b. RIND OF BUS NESS OR INDUSTRY 111 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN HAME 鲁 0-105 S WAS DECEASED EVER IN J. S. ARMED FORCES? 17 INFORMANT 114. SOCIAL SECURITY NO ģī IR. CAUSE OF DEATH [Enter only one cause per line for lo), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 45010 DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause fall staling the underlying cause out PART > OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO. 179 WAS AUTOPS! CATIO PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH ITE EITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Hem 18.) 20c TIME OF INJURY Month. 20e PIACE OF INJURY (Home, form, 20f [City or lown] 20d. INJURY OCCURRED (County) (State) Not while factory street, office bldg. etc.) ! While of work of work 21 1 certify that I attended the deceased from ... JAN 19 £ 5, to. FEB. 12, 19,09, that I last saw the deceased and that death accurred at 9:41 A.M. from the causes and an the date stated above ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE PHTSICIAN'S NAME Type) 22c NAME OF CEMETERY OF CREMATORY 220 BURIAL CREMATION. ry Prince Georg (State) Crematory ounty Md rema ti on 24q-REC OLBY REGISTRAR 246 REGISTRAR'S SIGNATURE 15M 10/57



VS A15 (4) 15M 9/55 74

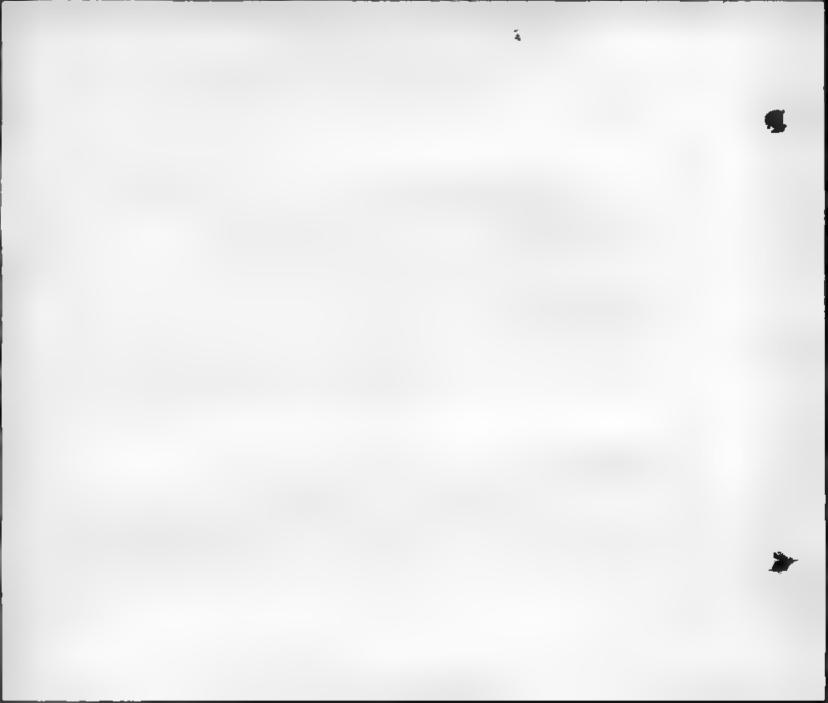
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1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDER	CE (Where decease	d lived. If matitude b. COUNTY	on Residence be	efore admission)
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31146 OII_Z_53	V. P.	7 -, -, and that death	accurred at 1.		n Ine Causes (treet, city or town,		DATE SIGNED
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SIGNATURE	aren H.	Mum	M.D. Q. L.S.	MONTH ME	- DIMY ;	ARCIA, E	19 tol- 20 19
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NAME (Type)			** ** ***				
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23 FUNERAL DIRECTO	S SIGNATURE 1 3V	ADDRESS	martin 12	6. REC D BY REGIS	IRAR 246 REGI	STRAR'S SIGNAL	URE
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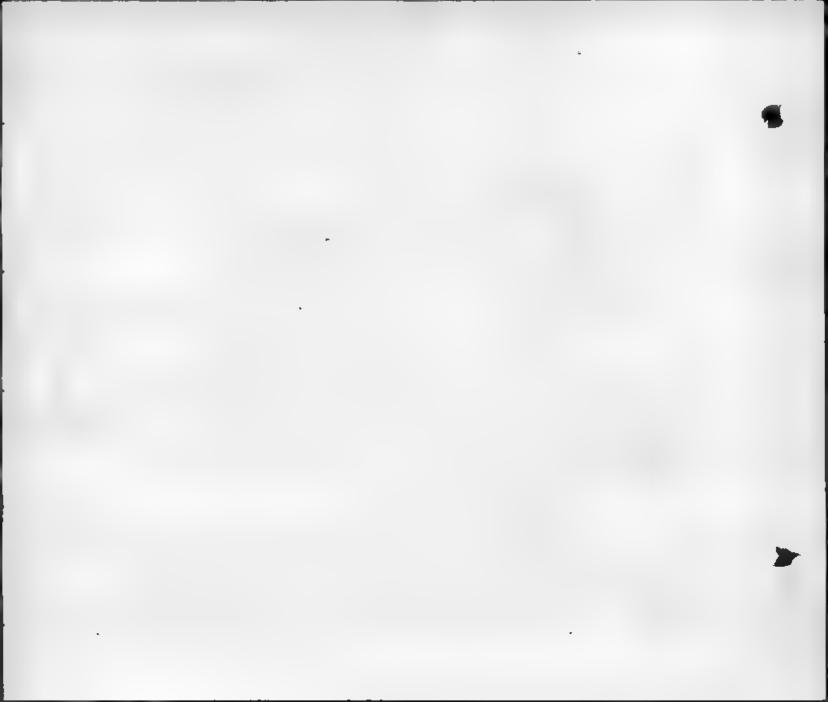
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	1 German			d STREET A			antown		S RESIDENCE ON A FARM? YES NO P
3 NAME OF DECEASED (Type or print)	Jes		Matilda	King	1	4 DATE OF OEATH	Feb.	7 Day	1659
5 SEX	6 COLOR OR RACE	7 MARRI	ED 🔀 NEVER MARRIED 🗌	B. DATE OF BIRTH	4	19 AC	E (In years If I	UNDER I YEAR	IF UNDER 24 HPS
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ACTUAL SIGNATURE	m. 1.	K4.1.	<u> </u>	MD		ADDRESS (Street, o			LATE SIGN
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270 BURIAL CREMATION REMOVAL (Specify) BUTTAL	1	1959	Salem Me			nd tocation of			(Stole)
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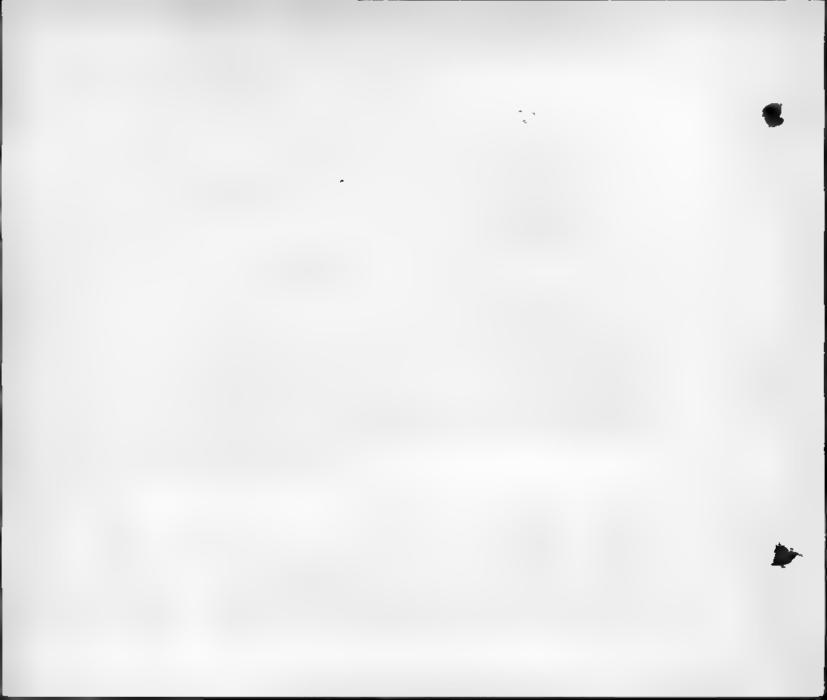
Damascus, Ma.

DATE 8 1 1 '59

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/ 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
75'	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0208°	
FOR STATE	2090 Reg Dist No	
REALTH DEPT.	1 PLACE OF DRATH 2 USUAL RESIDENCE (Where deceased lived 1 Institution Residence before admission)	
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E 50 50 50	- (b- 15 Mais 57214-36-3574 Russell Name Comus me	
程度を発音に	18 CAUSE OF DEATH Smor only one conferent Ine for (a), (b) and (c).	
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Par Par	PERFORMED?	
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Pog P	21 I certify that I task charge of the remains described above, held in Autapsy . Inspection X. Inquiry XY and n	ry
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50		
STEWNS	SIGNATURE Trans . Provident MD CHIEF MEDICAL EXAMINER [] DATE SIGNED	
Men and a second	ASSISTANT MEDICAL EXAMINER []	
TA SERVICE SER	NAME TYPE) FLAKK J. Broschart DEPLTY MEDICAL EXAMINER & 2-8-59	
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10 mm	Althorna (Spender) 1/1/20 The	
5 . 5	23 TUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE	_
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5M 2 57	Thereferen 3. Holley Bremswill MyonFEB 11.3 1 . 2 King.	



~ .	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2091 CERTIFICATE OF DEATH
	Reg. Dist No.
71	PRIACE OF DEATH O COUNTY O STATE O STATE O COUNTY
1	MONTGOMERY MARYLAND MONTGOMERY
	b. CITY OR TOWN If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	OLNEY 3 DAYS X DERWOOD
	d NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM?
	MONIGOMERY COUNTY GENERAL HOSPITAL, INC.
]]	NAME OF First Middle Lost 4 DATE Month Doy Year
	(Type or print) MYRTLE JANE KISNER CEATH FEBRUARY 26 19 59
1,	lost birthdoy) [Months Doos Hours Min
10	FEMALE WHITE WIDOWED DIVORCED 6/3/44
,,	On USUAL OCCUPATION (Give kind of work done life KIND OF BUSINESS OR INDUSTRY (1 BIRTHPLACE (Stoke or foreign country) 12. CITIZEN OF WHAT CO NTI
11	STUDENT MARYLAND USA 2. FATHER'S NAME
	to we have a towner town.
15	ROBERT BOWLE KISNER ROSE RESECCA EMORY 5 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. TZ. INFORMANT Address
ő	(766, 60- de sehiromen) Hij yan, grea warr or doles al services
-	HOSPITAL RECORDS OLNEY, MD.
	18 CAUSE OF DEATH (Enter only one course per ne for (o). (b), and (c).] PART (, DEATH WAS CAUSED BY 17) [ONSET AND DEATH
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	2040 DUE TO
	Conditions, if ony, which (b)
	couse (e), stating the under.
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12	The ACC DEAT WAS INDOMENIAN CO. THE DESCRIPTION OF THE PROPERTY OF THE PROPERT
120	206. ACC DENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBED CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER!
3	20c T ME OF INJURY Month. Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form 20f (City or lown) (County)
WED	Hour u.m. White Not white loctory threst office bidg. etc.)
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	27 I certify that I attended the deceased from
	alive an . The 24 , and that death accurred at 6:35 AM, from the causes and on the date stated about
	ACTUAL Kill (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	SIGNATURE M.D.
	PHYSICIAN'S R. A. YATES, M. D. OLNEY, MARYLAND
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72	(Stole)
72	Burnal 9-28-59 Batho Church (sucting Jermant) 1116



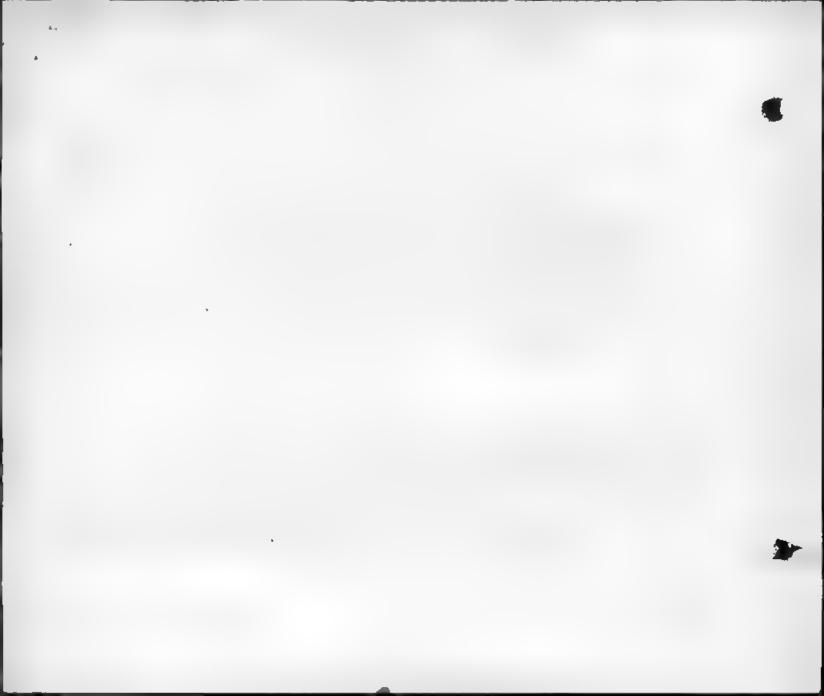
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9	LACE OF DEATH COUNTY	tgomery		MARYLAN	11 -	STATE		& COUNTY .	Residence		rs+qm]
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1	SIGNATURE A.			1	M.D						
	PHYSIC AN'S NAME [Type] W.	F. Cres	swell.	Jr.							
7a		226 DATE THERES		22c NAME OF CEMETER	Y OR CRE	MATORY	22d LOCATION	(Qhy)awa/ br	County	(5):	otel
Y.	REMOVAL Special	2-3-	59	Sugar	71		mil	100Vi	111	15.	ls d.
	THE PROPERTY.								-	11/1	1 AL
3	UNERAL DIRECTOR 5 SIG	SNATURE /	1 1 -	ADDRESS A	ri	1 24o. RE	C D BY REGISTRAR	24b REGISTR	AR S STENZ	ATURE	7

TO HOSPITAL OR ATTENDING PHYSICIAN The faw requires that the death certificals be executed within 24 hours offer death may be retained by the hospital or alterding physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial transitipermit. Then place remove carbon papers. Pages 1 and 2 shall the registrar prior to burial cremotion or removal and in any event with n 72 hours after death. VS A15 (4) 15M 10/57

Page 4

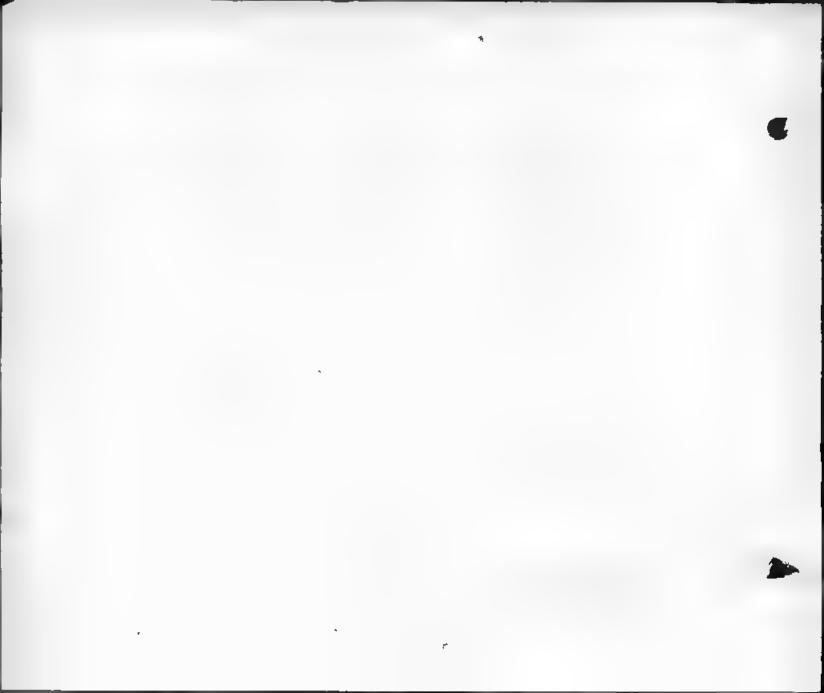
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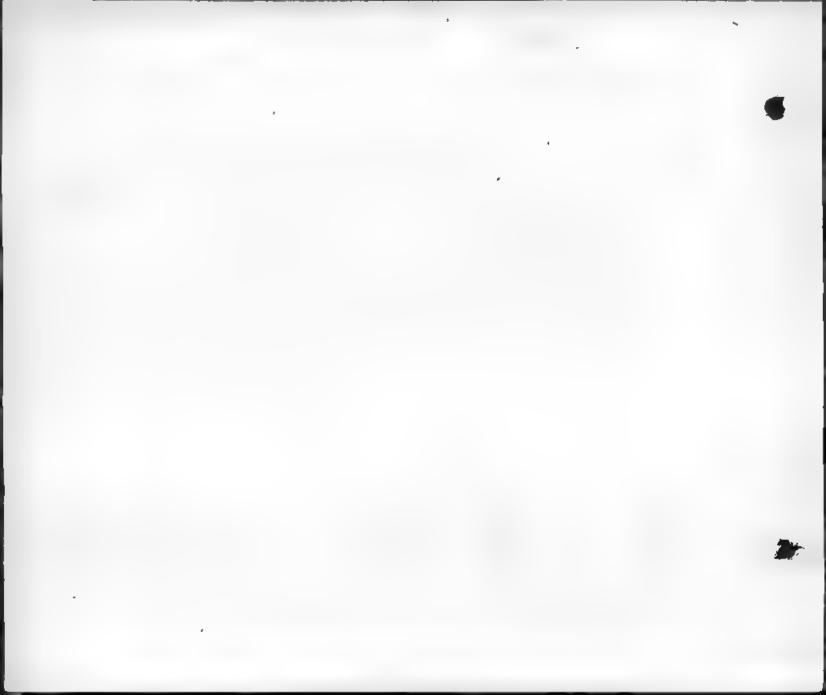


\ -		2093	CERT	IFICATE	OF DEAT	Н	R	eg. Dist. No	215
	Montgome:	гу	MAR	0.000	SUAL RESIDENCE (W. STATE	/here deceased hy	ed If institution b. COUNTY	Residence before a	dm-ssion
)	Be the sda a NAME OF HOSP OR NST CTION	(Rural)	2 days]	city or rown ,if exingtion street Address le Balamau	Park	lumb, write RURA	181	S RE IDENI E ON A SRM
3	NAME OF DECEASED	first	Michidia		los	4 DATE OF	Alanth	Day	Yeor
Š	(Type or print) . SEX	6. COLOR OR RACE	de Jean 7 Married □ Never Marro		KOLBAS TE OF BIRTH	DEATH 9	to the first first of the first	UNDER TYEAR IF	
L	Female	Caucasian			2-9-59		yrı	1.6	ours Min
	None None None None	ION (Give kind of work do irking life even if retired)	None None		Marylan Morters Maipen	d	7)	U.S.A.	WHAT COUNTS
1	Leon R.	KOLBAS			Mary N. C				
1			None		· ·	_	Address		
247.02		THER SIGNIFICANT CONDI	Pseudomona	TON TUB HTA	RELATED TO THE TERM			NEPART 1(0) 19)	MAS A, TOPSY PERFORMED?
7 7 7 7 6	OR CONTRIBUTION	G [] CAUSE OF DEATH Y MEDICAL EXAMINER]	20d INJURY OCCURRED		er nature of injury in				47.5.1.5
Ne Dar		19	While Not while of work	factory	threet office bldg et	c)	townj	(County)	(Stole)
	21 I certify (ofive on F e b): ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	cary 15	deceosed from February 1922, and that	death occi	urred ot 7:30	P M from It ADDRESS (Street aval Hos	ce couses and cry or fown, such pital, N	on the date :	
	O BUR AL CREMATI	ON. 276 DATE THEREOF	224 NAME OF CEM				Y (City laws, or co	ounty)	(Stote)
7	REMOVAL (Specify	el le							



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





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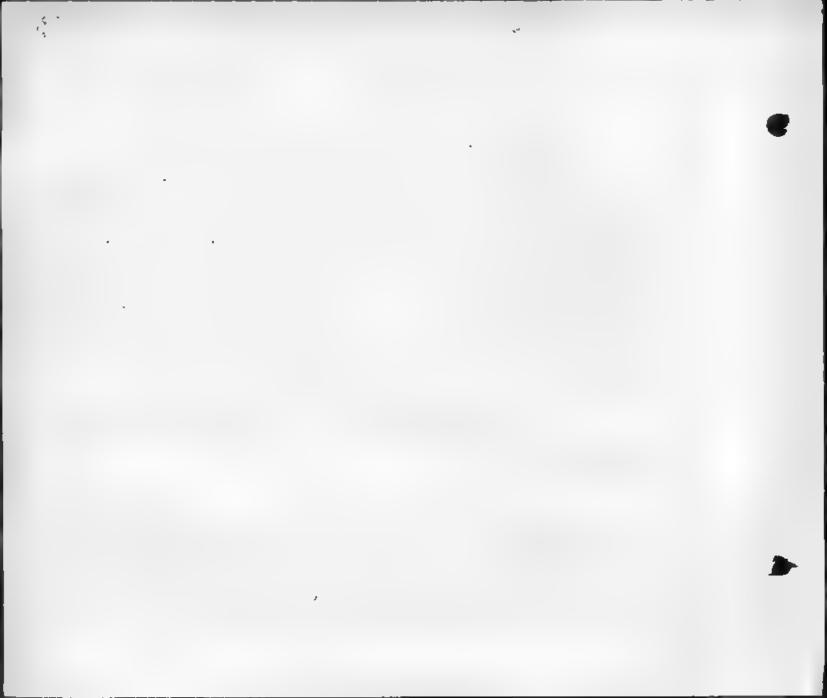
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1996

CERTIFICATE OF DEATH

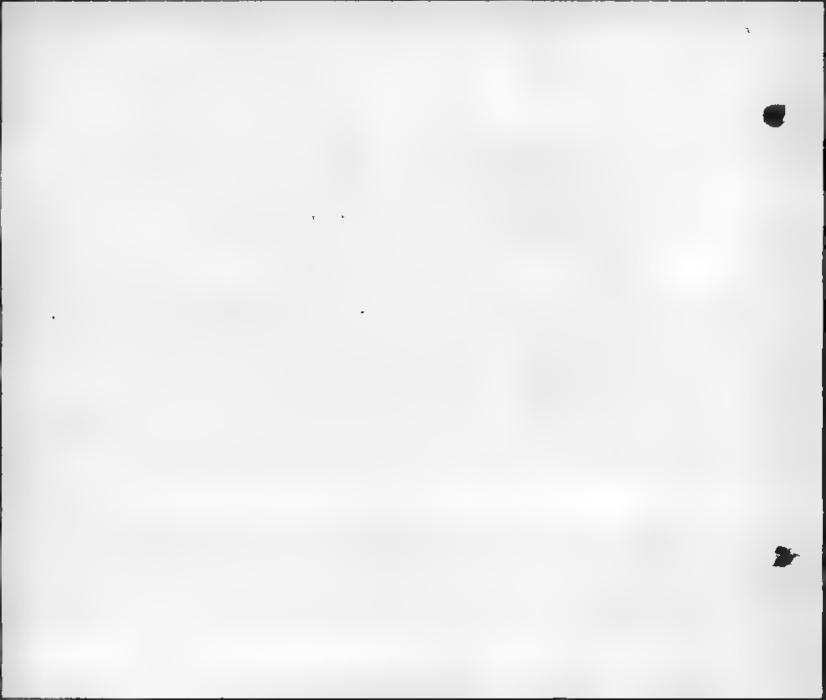
00754

Reg. Dist. No.

-													
1	o. COUNTY Mo	ntgomery		MARYLI	LIND	2 USUAL RESIDENCE (Where deceased lived. If initiation Residence before odmissions in STATE Md. B. COUNTY Montpomery							
Г	b. CITY OR TOWN TO RURAL and give no	counds corporate with	, write	c. LENGTH OF STAY IN	t IP	c CITY OR TOWN (if outside carporate timits, write RURAL and give nearest town)							
	Тако	на Рагк		8 years		Tako	ma Pa	rk,					
	OR NETITUTION	AL (If no) to haspital, gr	ve street	gddress)		, d. STREET ADDRESS					IS RESIL	DENCE	
L		7100 Sycan	ore a	Ave.		7100 Sycan	nore A	ve.			YES 🔲		
3	NAME OF DECEASED	Firs	1	Middle		Lost	4 DATE	Mont	h	Day	Y	eor	
L	(Type or print)	MARY		N.		KROUT	DEATH	Feb.		- 3	1	, 59	
15	SEX	6 COLOR OF RACE	7 MARR	HED NEVER MARR ED	1	DATE OF BIRTH			Manths				
	Female		WIDOW			Sept. 10, 18		lost gigthday)	Wigning	Doys 1	Hours	Aten	
1	during may of work HOM CMA KC 1	ing life, even it retired)	one. 10b.	At Home	INDUS	Lehigh Cot	-			S.A.		COUNTRY	
)F	L FATHER'S NAME				_	14. MOTHER'S MAIDEN N	AME						
L	Will	liam Snyder				Angelina	?						
13		IN U. S ARMED FORCE		SOCIAL SECURITY NO.		FORMANT		Addr	_				
L	No				Mr	. Russell S.	Krout	, 6817 51	th St.	, N.	.W.	D.C.	
CATION	Conditions if or gave rise to in cours (o), stoling tying cours lost	nmedicite DUE 10	Anthons o	14ccare	r c	Art ON TRELATED TO THE TERMIN	+ A ro	Scler Scler	7.		Z /		
CAL CEBY E	20a. ACCIDENT WA OR CONTR BUTING (F EITHER, NOTIFY	MEDICAL EXAMINER)				(Enter noture of injury in P							
NO.	Hour g. p. p. m.	19	White	Not while	fact	ory street, office bidg., etc.	207 (City	or iownj	(Lo	avnty)		(State)	
/ 17	actual signature Physician's Chame Type Chamber Chambe	arles T. Ca	rrol	7. 680.	ieath ICN 1 6t	n St. N.W. W	4M, from wortss is er App	the causes of reet city or fown, sproved signature.	nd on the	e dote	slater DA:	d abave	
1	REMONAL (Specify)	225 DATE THEREON	954	St. H. Cla	ZJ C	Emily	Arun				(State)		
Z	Y CITYLE	L'accide	253	Carrel CI	H	DATE SEL	B C	- /		NATURE Firansa			



1	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	02070
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	ACE OF DEATH 2 USUAL RESIDENCE (Where decorated hard institution Residence) COUNTY MAINTAINTENANCE (Where decorated hard institution Residence)	tefore odmission
6	CITY OF TOWN To complete month - to FURA. C ANGTH OF STAY IN 16 C CITY OF TOWN I outside corporate limits werter flugger and give Bethesda X Bethesda	
d d d	NAME OF HOSPITAL OR NST TUTTON (If not in hospital give street address) Ad. STREET ADDRESS	OF A FARM
The Both	112 Northbrook Lane 112 Northbrook Lane	AER TO MODE
telo	CEASED LULA MIDDLETON LANDES OF THE PROPERTY 13.	
andy be with the	Comple White Menthy Day	R FUNDER 24 her
2 ond 2 ond 2 ond 72 hor	JS' A OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Sinte of foreign caustry) IZ C T ZEN ing most of working file, even if refined)	OF WAHAT CO NERVE
10 mm	Housewife Own Home Virginia U	S
Pogran PA	John Middleton Sarah McDonald	
A Series	No "None Mrs. Helen Ellison Bethesde	reentree R
and in mid in mi	B CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c))	sudden
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARY DEATH WAS CAUSED BY MMMEDIATE CAUSE (6) Coronary occlusion	Suddell
Office of the control	Cond on f ony which (b) Coronary arteriosclerosis	5 yrs.
weer's	a) stering the under ying DUE TO	
Exchange and an architecture of the state of	PART OTHER SIGN FICANT CONDITIONS CONTRIBLTING TO DI ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART I at	PERFORMED?_
And the same of th	OG EXTERNAL CAUSE WAS RIMARY DI OF CONTRIBUTING DI AUSE OF DEATH.	YES NO NO
NEX TWO THE WAS THE WA	Oc T ME OF INJURY Month Day Year 20d HEJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) Hour a, m. 19 While of work of work of work	(Stote
Pog Pog	1) I certify that I took charge of the remons described above, held an Autopsy 🔲 Inspection 🔼 Inquiry 🖰	ond may
OGEN CONTRACTOR	pin on death resulted fram Natural causes 🚰. Accident 🔲. Suicide 🔲. Homicide 🔲 Undetermined mani	ner 🗌
MEDIC.	ACTUAL FRANCE FRANCE MD CHIEF MEDICAL EXAMINER [
ory A	EXAMINER'S Frank J. Broschart DEP JTY MEDICAL EXAMINER (\$\) 2/13/59	
192	The location (C by fown, or rounly) Thorne Rose The location (C by fown, or rounly) Thorne Rose Staunton, Va.	(Stafe)
ě ě	JNERAL DIRECTOR'S SIGNATURE ADDRESS 746 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNAT	LRE
54 2 57	obert A. Pumphrey-Bethesda, Maryland	ŧ .



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) p. COUNTY **b.** COUNTY MATYLAND c. CITY OF TOWN (If journals corporate limits, write RURAL and give negrest town) b CITY OR TOWN of outside apparate limits, write A c LENGTH OF STAY IN 1b RL Du and give invocest fown) d MAME OF HOSP TAL (If not in hospital/give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMIT YES NO. NAME OF DATE Middle Month DECEASIO DEATH (Type or print) 19 IF UNDER I YEAR IF JINDER 24 HE 5 SEX 4. COLOR OR RACE MARRIED THEYER MARRIED B DATE OF BIRTH 9 AGE (in years tool betheloy) DIVORCED [WIDOWED T 100 USUAL OCCUPATION (Give kind of work done) DE. KIND OF BUSINESS OR INDUSTRY SIRTHPLACE (State or formor country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME P P COR INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? Address CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DONALDONNEMENTA DUE TO Mistria . lan Conditions of any which gove rise to immediate DUE TO cours (a) storing the under ying cours lost. PAIN ILL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE CONDITION GIVEN IN PART TO 119 WAS AUTOPST PERFORMED? YES I NO I 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED tenter nature of invery in Part I or Part II of item 18.1 20c TIME OF INJURY Month. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) factory street, office bidg. etc.) Hour o.m. White Not while of work | of work | 21 I contify that I attended the deceased from Alamaka I... 19.2 > to Z + L Z ... 19.4 Athat I last saw the deceased \angle , and that death occurred at \triangle , 35 \triangle M, from the causes and an the date stated above ADDRESS (Street, city or fown, stote) DATE SIGNED ACTUAL SIGNATURE H कृ वे PHYSICIAN'S Washington Clinic. Wash. D. NAME (Type) FUNER/ 27c NAME OF CEMETERY OR CREMATORY 770 B JR AL CREMATION 72d LOCATION City, lown of country BUTT al 16/59 Mt. Ulivet Cemetery Washington, D. C. 0 ACCRESS. 240. REC D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE DATE BILL Bethesda, Maryland Robert A. Pumphrev

HOSPITAL



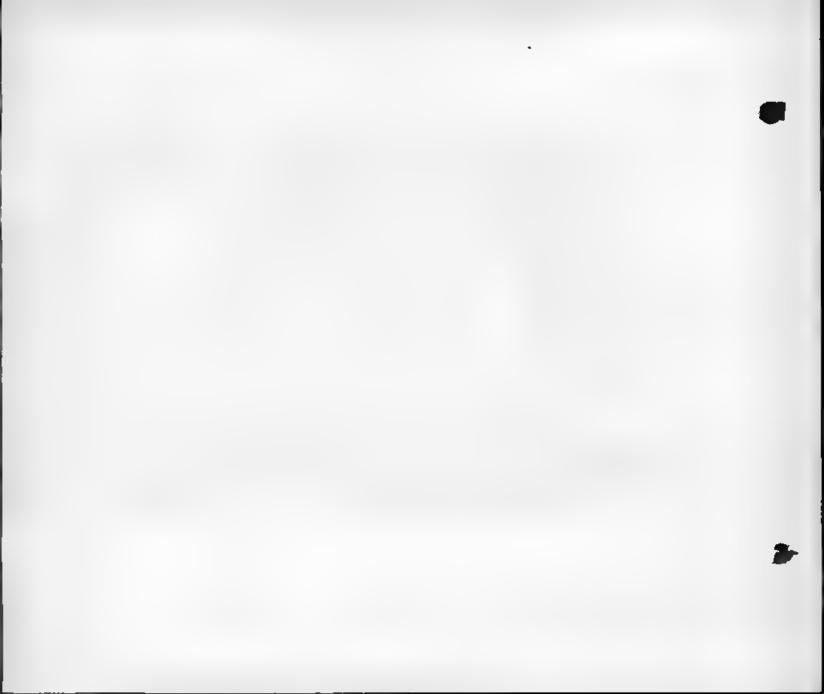
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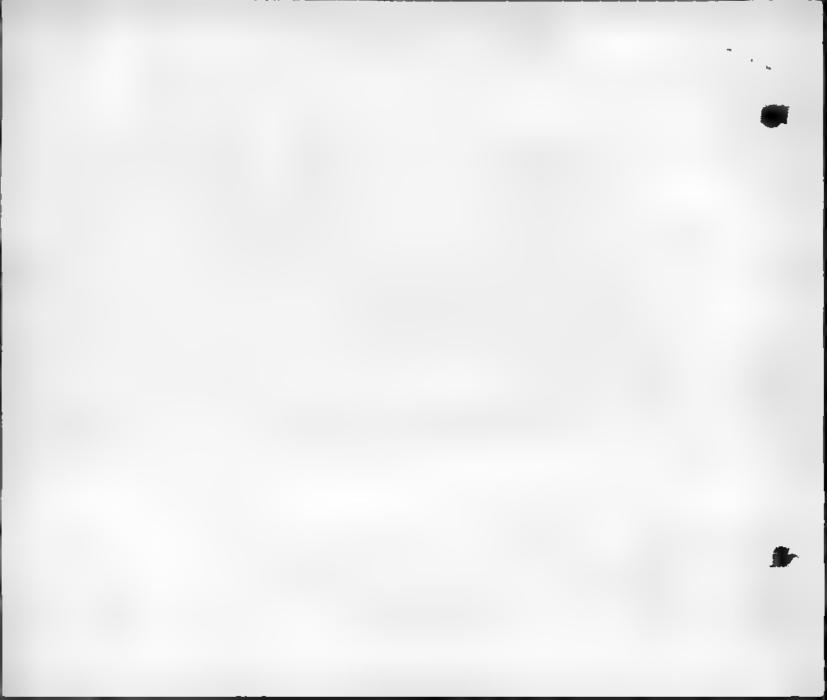
ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2093	CERTIFICATE	OF	DEATH	

42072 Reg Dist No 215

1 PLACE OF DEATH 6. COUNTY Montgomery		MARYLAND	2 USUAL RESIDENCE (W. STATE Obio	here deceased lived. If b CO		e before admission)
6 CITY OF TOWN (If outside FurAs and give nearest few	corporate fimils write	C LENGTH OF STAY IN 16	CITY OR TOWN (IF	outside corporate fimils in	write PURAL and g	ive negres/ town)
Bethesda (R.ra	- 1	54 days	Cleveland :	Heights	7	4
d NAME OF HOSP TAL (fine OR INSTITUTION	(in haspital, give street o	oddress)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
U. S. Naval Ho	spital		1943 Rever	e Road		YES NO CE
3 NAME OF DECEASED	Fersi	Middle	Los	4 DATE	Month	Day Year
(Type or print)	Arthur	Sa 11	LANSKY	OF DEATH F	br ary	19 1959
5 SEX 6 COL	OR OF RACE 7 MARRI	ED NEVER MARRIED	B DATE OF BIRTH	9 AGE I A		YEAR IF UNDER 24 HRS
Male Ca.	casian woowe	DIVORCED [1-21-36	23	yri Months	Days Mauri Min
10a USUAL OCCUPATION (Give during most of working life	kind of work done 10b. I	KIND OF BUSINESS OR INDI	STRY I BIRTHPLACE (State	or fareign cauntry)	12 CT.	ZEN OF WHAT CO INTRY?
U. S. Marine	-74		Ohio		E.	S.A.
13. FATHER'S NAME			14 MOTHER S MAIDEN	NAME		
Louis LANSKY			Nettie FI	ERMAN		
IS WAS DECEASED EVER IN . S	ARMED FORCEST 6	SOCIAL SECURITY NO 12	INFORMANT		Address	
12 10/	to DOD	80-30-6605 (F) Louis Lans	ky, same as	,/2 above	
18 CAUSE OF DEATH [Ent	er unity one couse per lin	e for ,o). (b), and (c)]		***		MTERYAL BETWEEN
PART DEATH WAS	CAUSED BY	elastile.	Comminne			ONSET AND DEATH
1797	DUE TO	2				
Conditions if any which	1) 10 Ch	wereares	in many	wasten 1	1 - Konson	a 8 month
gave lise to mmedial couse (a) stating the under		r i				
lying cours last	(c)			0		
Z PAPE 1 OTHER SIGN		ONTR BUT NO TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART	1(0) 19 WAS A TOPSY
FAIT L OTHER SIGN						PERFORMED?
706 ACC DENT WAS UNDER OR CONTRIBUTING II CAUS OF EITHER NOTIFY MEDICAL	RLYING TO SEE OF DEATH SE OF DEATH (EXAMINER)	RIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Part or Part II of item 1	E)	
ZOC TIME OF INJURY MONTH	White	_ Not while	LACE OF INJURY (Home, form	n. (20f (City or town)	(C	ounty) (State)
	11 01 4404	Ol work	00 20 D	1	F0.	
21 I certify that of	tended the decease					
ofive on February	122	Z, and that death	accorred at 4:25			e date stated above
A	1	P		ADDRESS (Street, city or		DATE SIGNED
SIGNATURE	1 /S	Xen .	M.O. W. S. Na	val Hospita		2-19-59
PHYSICIAN'S	1 7 77 47		D			
		LT, MC, USN	Be the soa	, Maryland		
220. BUR A., (REMATION 276 REMOVA, (Spec 1)	DATE THEREOF	27E NAME OF CEMETERY	OR CREMATORY	22d TOCATION (City I	own, or county)	(Slate)
Buri 1-Shipment		Mount Olive		Clevelar	id	Ohio
53 ENGIFER A CHRESTORIE SICHING	1 career	ADDRESS	24a. REC	D BY REGISTRAR 246	REGISTRAF'S SIG	NATURE
dars Zureral He	dee, 47+8 W:	lsc.Ave., NW, N	Nash DC DATE	D C + 1	~ +) - ~	-



1-4	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE HEALTH DEPT.	Reg Dist No
2 67	PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased eved, if institution Residence before admission) 5 COUNTY 1/4
50 5 t (\$)	Marriano mal monto
2	b C TY OR TOWN III outside corporate innits in the RUPAL and give hearest town
220	Selver Spring 5 you Delver Spring
1900 1000 1000 1000	d NAME OF HOSP TAL ON INSTITUTION 1: not in hospite is a transportations, a STREET ADDRESS
	1232/ Thewen Rd 1232/ There Rd 1850 NO 3
0.5	3. NAME OF OCCEASED OF First Models Andrew Cor Core Month Coy Year
P 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	(Type or prof) Cinn Louston Lemaster DEATH Feb. 9 1959
0 40	5 SEX S COLOR OF PACE MARE ED NEVER M R ED 8 DATE OF BRITE STATE O
2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	tenale white WOOWED DIVORCED 2-22-1929 29 " MONTH POUR MIN
2000	100 E SUAL OCCUPATION IG ve kind of work done 106 KIND OF BUSINESS OR INDUSTRY 1 BIRTHPLACE (State or foreign country)
27.60	housewolfe n-8a
PERSE T	13. FATHER'S NAME
E OF SE	Welsten H. Leyskon With the There
4 1 0 1	THE WAS DECEASED EVER IN U. S. ARMED FORCES? 6 SOC AL SECURITY NO 17 INFORMANT Address
4 2 20	Ilc 1 Bothow Berhand Leewinster From 2
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18 CAUSE OF DEATH [Enter only one couse per na for (o, (b and (c)))
i general	PARY! DEATH WAS CAUSED BY:
90 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	974X DUE TO
# 15 Q E R	Conditions If only which to Tituly and
P	gove rise to immediate course
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Course 611 (c)
d a d	PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FREMINAL DISEASE CONDITION GIVEN IN PART 1 01 9 WAS ALTOPSY PERFORMENT
Per Col	5 YES [] NO M
19 4 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6	200 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING TO CAUSE OF DESCRIBE MOW INJURY OCC IRRED TENTER TO TO 01 INTURY OF 1 FOR 1 FOR THE TENTER OF
Ser in Series	PLOCKER FILLS FOR FOLLOWING FOR THE PROPERTY OF THE PROPERTY O
7 1 2 2 2 2	20x TIME OF INJURY Month Day Year 201/INJURY OCCUPRED TOP PLACE OF INJURY forme form 20t (City or form) (County) Stole) Not in a foc ony lines of other bidg etc.
N S S S S S S S S S S S S S S S S S S S	p. m. 19 of work et work
Pool of	21 I certify that I took charge of the remains described above held on Autopsy [], Inspection [3] Inquity [4], and in my
X P S S	opinion death resusted from Natura caises
1	A 10 B 11
of a set	SIGNATURE SIGNATURE DATE SHOWED MD CHIEF MEDICAL EXAMINER [] DATE SHOWED
AT AT AT A B B B B B B B B B B B B B B B	ASSISTANT MEDICAL EXAMINER D
THE PART OF THE PA	HAME (Type) FANK J. PSOSCHA 65+ DEPUTY MEDICAL EXAMINER DE 2-9-39
The state of the s	220 NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Store)
5 . 45 g	Burial 2/12/59 Parklawn Cemetery Rockville, Maryland
VS ATSME	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE
5M 2 57	Robert A. Pumphrey Bethesda, Maryland Dan EB 1 3 59 Collan & Hama





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A75 (4)

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TO HOSPITAL OR

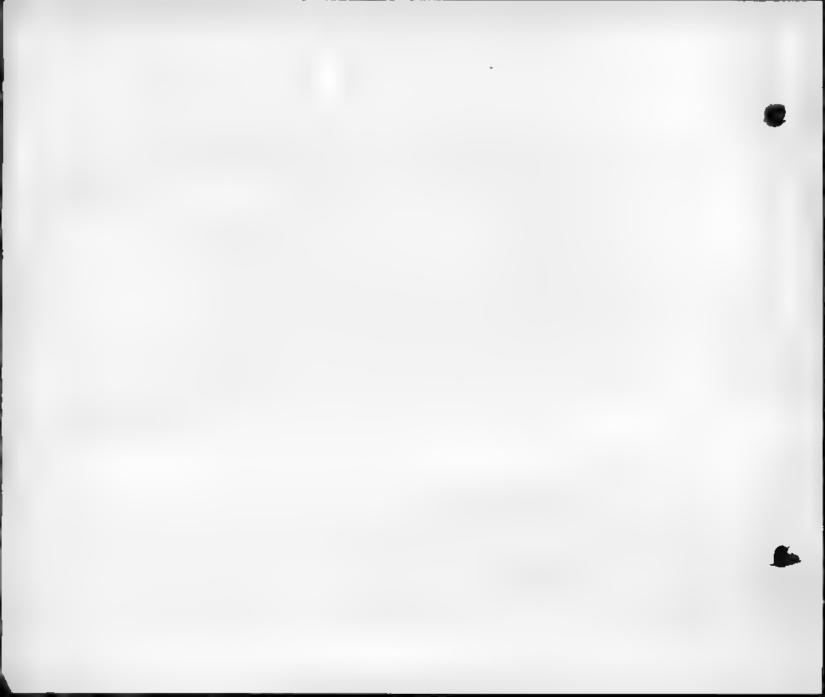
VS A15 (4) 15M 10:57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2102 CERTIFICATE OF DEATH

Reg. Dist No. 215

							-10		- 4
I PLACE OF DEATH a COLNTY			2 USUAL RE	SIDENCE (WIL	ere deceased	ved finstitut		nce before ad	M 151007
Montgomery		MARYLAND		Jersey		6 COUNTY			
6 CITY OR TOWN If outside corpe	rate figuls, write	< LENGTH OF STAY IN 16				role limits, write f	IURAL and	give ned est	town
Bethesda (Rural	>	}+ days	i						
d NAME OF HOSPITAL (If not in he			News a street					****	RES DENCE
OR INSTITUTION			1					- 0	N A FARM?
U. S. Navel Hos	pital		1 407	18tn A	yente		_	. YES	□ NO 🖸
3. NAME OF DECEASED	Frait	Middle	1.	fac	4 DATE	Mo	nih	Doy	Year
(Type or print)	Frederic	ek	MARE	SCH	DEATH	Febr	ruary	17	1959
			8 DATE OF BIS			9 AGE (in years			NOER , I HRS
1	ian widow		9-29-	03		10st birthdoy) 55 yrs	Months	Doys Hoo	un Man
TOO. USUAL OCCUPATION GIVE HING	of work done 105	KIND OF BUSINESS OR INDU	STRY T BIRTH	PLACE (State	or foreign co	HUNTRY)	112 CF	71ZEN OF WE	HAT COL NE
on ing work of working the even	retired;			_				U.S.A.	400
State Department		J. S. Govt.		ew Jer	- 64			n.o.w.	
			18. MOTHER	'S MAIDEN N	LAME				
Frederick MARESC			Loui	se VAL	ENTINE	3			
TE WAS DECEASED EVER IN U. S. ARA	AED FORCES? 16	SOCIAL SECURITY NO 17 H	NFORMANT			Add	lress		
Unknown		Unknown H	ospital	Recor	ds				
IE. CAUSE OF DEATH (Enter onl	y one cause per i	one for to (b), and (c,)						N/TERVA	BETWEEN
PART I DEATH WAS CAUS	F F7 F74							ONSET A	ND BEATH
IMMEDIATE C		nfarction, myoc	erolun	·				4 61	ours
× 7 /		nd							
Conditions flony which	(b)P6	ericorditis						5 da	ays
gove rise to mmediate (DUE DOC SE	econdary to							
aying cause last	to Le	eukemia, myelog	enous.	acute				10	mog.
PAIT II. OTHER SIGNIFICAL	NT CONDITIONS	CONTR BL TING TO DEATH BUT	NOT RELATED	O THE TERMIN	NAL DISEASE	COND TION GIV	EN IN PAR	Titol 9 W	As AUTOPSY
PART II. OTHER SIGNIFICAL								PE	RF ORMED?
	2 ID 205 DE	SCRIBE HOW INJURY OCCURRED	D 75-4	-F 0		N - 1 1913	-	785	No 🗍
E 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING III CAUSE OF OFFICE HERE NOTIFY MEDICAL EXAM	DEATH WINER)	ALVER HOTT INJOK! OCCORREC	n fruide sidefied	or refers to t	an orran	n or trem (m.)			
70c TIME OF INJURY Month. D		4	ACE OF NURY	(Home, farm	20f (City	or town)	44	County)	(Stote
B Hour a.m.	19 While	Not while	Hory street offi	ce bidg. etc.	1				
			1 50	and .	<u> </u>	100	0		
21 I cortify that I attende	ed the decear	sed from Pail Sary	5 1929	, lo lie	pr. ver.	7.1.1.6, 19. 25	Z,that I	last saw t	he acceas
o we on February 1	7. 125	29 and that death	occurred o	.9:50A	M, fram	the causes o	and on t	he date st	ated obo
7	1/				ADDRESS (SN	reef city or town.	slote}		PATE SIGN
SIGNATURE -	Hove	ran	M.D. U.	S. Na	val Ho	spital.	NINMC	2-1	17-59
	//				72 345	2.4	F21-11-11.	V	war did.
PHYSICIAN'S J. T. H	ORGAN CO	DR MC USN	Be	the sda	. Mary	rland			
270 BUR,A, CREMATION, 276 DATE	THEREOF	22c NAME OF CEMETERY OF				THE PARTY OF THE PARTY			
Bull 184 22-21	_&6					ION (C by town		_	State)
The state of the s	£17	Fairmount	Ceneter	-	Nerra			Jerse	Σ.
TUNERAL ORECTOR'S SIGNATURE	kus	ADDRESS			BY REGISTI		STRAR'S SIG	GNATURE	
R.A. Pumphrey Vane	ral/Home	e, Bethesda, Md		DATEEB	1 9 '59		. 3	The such	



5 .,	MAKYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	2103 CERTIFICATE OF DEATH
	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decreased lived if institution: Residence before admission) O. STATE MARYLAND D. COUNTY MONT GOTT FRY
	b. CITY OR YOWN (If outside corporate fimils, write RURAL and give nearest fown) BETHESDA C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) or institution t home - 5001 Cambury Court / d STREET ADDRESS ON A FARM? YES NO
	NAME OF DECEASED VICTOR FRANK MINIONI DEATH FEB 19 19 59
	MALE WHITE WIDOWED DIVORCED SEPT 8 1963 ST Y'S Manths Doys Hours Min
l.	USEAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Side or foreign country) 130 ILDER 12 CITIZEN OF WHAT COUNTRY.
	FRANK MARIANI MARIANI SIMEONE
, # [WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17 INFORMANT THEODORE F. MARIANI - 5001- DANBURY GT.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (o), and (c).] PAIRT I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ONSET AND DEATH IMMEDIATE CAUSE (o)
	Conditions, If any, which are the same state of the state
	Tremary Carcinoma of liver 8 month
	PART TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,03 19 WAS AUTOPSY PERFORMED? YES NO EL
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED How e. pt. p. m 17 While Not white of work of
	21. I certify that I attended the deceased from
	ACTUAL Kalph Ro Satter M.D. 8641-Co-Caville Road Feb-195
1	PHYSICIAN'S RAPH F. PATTENY. D Selver Spring Maryland
L	10. BLRIAL CREMATION 26. DATE THEREOF 2C MAME OF CEMETERY OR CREMATORY 22d LOCATION (C. y. town of country) (Stolate PROPERTY OF CREMATORY FALLS CHURCH - VA.
2	FUNERAL DIRECTOR'S SHINATURE ADDRESS SAN GA. AND MY DATE 240. REC'D BY REGISTRAR'S SIGNATURE DATE



(Slote)

21 I certify that I attended the deceased from alive on

19.5

and that death accurred at 950P

.. 1952 that I ast saw the deceased

M, from the causes and an the date stated above.

ACTUAL. SIGNATURE

PHYSICIAN'S

NAME [Type]

REMOVAL (Specify) Burial

220 BUR AL CREMATION | 226 DATE THEREOF

Marvin L. Kolkin

Feb.10,1959

22¢ NAME OF CEMETERY OR CREMATORY

22d LOCATION (City Iswn. or county)

23 FUNERAL DIRECTOR'S SIGNATURE

Pumphrey

Inc., Silver Spring, Md.

Welcome Grove Baptist Church Cemetery, Warsaw, Virginia 240. REC D BY REGISTRAR PATE EB 1 0 59

1 246 REGISTRAR'S SIGNATURE

Cally 9

0 VS A15 (4) 15M 9 55

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3,4 FUNER

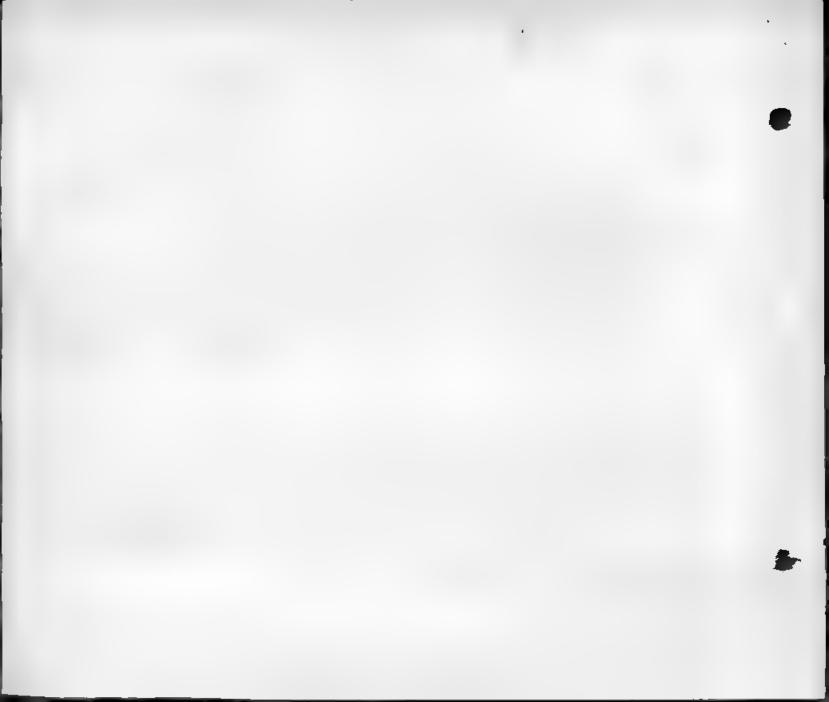
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1998 **CERTIFICATE OF DEATH**

02081 Ren Dist. No.

_		
1	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE b COUNTY
	b CITY OR TOWN (If authide comperate limits, write E LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write RURAL and give necres) form)
-	RURE your give recreat to mile on the 14 days	Mach. D.C. "
	d. NAME OF HOSP TAL (If not in hospital, give street address)	d STREET ADDRESS IS RES DENC
$ \underline{\underline{Y}} $	Vashing Ton Saniarium of esp	431 Randolph Sill Wes No
	NAME OF First Middle W	I DATE Monte Doy Year
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	A DATE OF BIRTH P AGE IN YOUR FUNDER I YEAR FUNDER 24 H
ŀ	Dale While WIDOWED DIVORCED	2-13-77 Igi birihday) Months Days Mours Mi
10a	USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDI- during goal of working life_even if relived)	ISTRY 11 BIRTHFLACE (State or foreign country) 12 C.TIZEN OF WHAT COUNTRY
16	Retired-Teachen -	Ehin Blmerich
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	mahler march	Lida Jahrson
15		INFORMANT Address
(٧,,	, no or you and yes, give not or depth of thereof.	Hospital Records
	18 CAUSE OF DEATH [Enter only one couse per fine for (a), (b), and (c,)	INTERVAL BETWEE
	PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	OAGE! AND BEAT
	DUE 70	
	Conditions it ony which) in arrange &	2 thom
	gove rise to ammediate DUSTO	· · · · · · · · · · · · · · · · · · ·
	tying cause last	and the to 3 men
z	PAIR II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERMINALD SEASE CONDITION G VEN IN PART 101 19 WAS AUTO
ICATION		PERFORMED YES ST NO
CERTIFI	206 ACC DENT WAS UNDERLYING [] COLORED OF CONTRIBUTING [] CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)	ED (Ender nature of injuly in Forth or Part Labidem IB)
MEDICA.	20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e P While Nat while of work at work	(ACE OF INJURY (Hame form 201 (City or lawn) (County) (Statery, street affice bldg., etc.)
	21 I certify that I attended the deceased from 2/2.	19 -7, to 2/14 19 57, that (last saw the dece
	alive an 3 / 4 19.9 , and that death	/ 47/, 1
	7	ADDRESS (Street Gity or town, stole) DATE SI
	ACTUAL N	DIE D 01 2/10
	SHONATURE OF 12-10 MILES	M.D. 1103 (Adapted 1941)
	PHYSICIAN'S Hugh W. Irey	Hyattsville, Md.
220	REMOVAL (Specify 2/18/59 Arlington	National Cem. Ft. Myer, Va. (Store)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	Ak/have 1/2 2011 11/21	1 1 1 EAB 17 J9
-	7.761 1926	A 61 / WALL

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained fine hasp tall or attending physician.

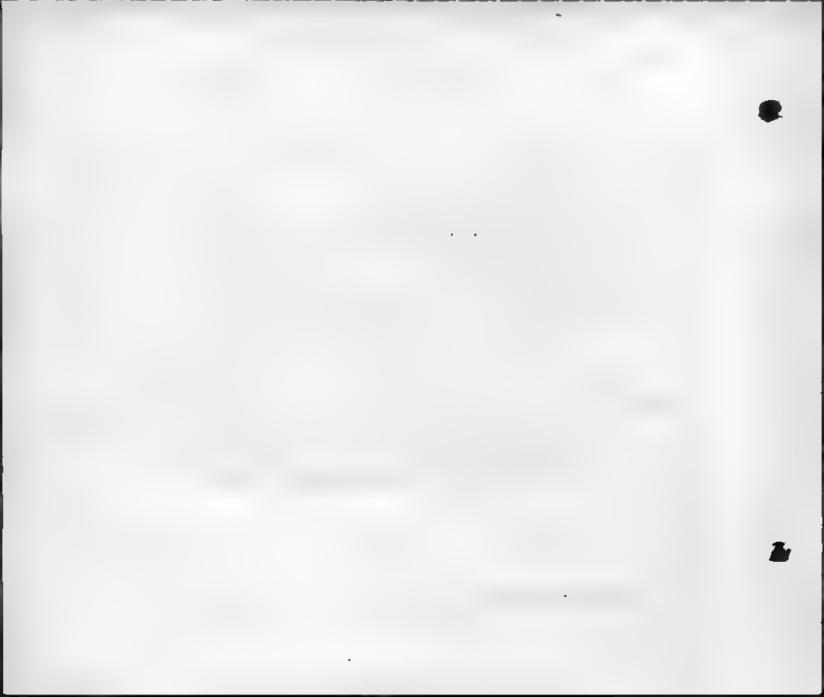
TO FUNERAL DIRECTE After this certificate has been signed by the allending physician and campletely filled in by the page 3 should be detached for use as the bustal transitipermit. Then please remays carbon papers. Pages 1 and 2 shill be registrar prior to bustal cremation or remayed and in any event within 72 Moust after death. VS A15 (4) 15AL 9 55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9205 CERTIFICATE OF DEATH 2104Rea. Dist No. PLACE OF DEATH 2 USUAL RESIDENCE (Where degrated lived. If institution Residence before admission) · COUNTY **6 COUNTY** MARYLAND 6 CITY OR TOWN (If outside corporate firsts, write E LENGTH OF STAY IN 16 c. CITY OR TOWN of 6644de corporate times, write RUBAL and give negrest town) RURAL and give negrest lown) "SVLTP Ch I Ma d. NAME OF HOSPITAL (If not in haspital, give street oddress) d STREET ADDRESS . S RESIDENCE ON A FARM? ORINSTITUTION 8530 Second Avente YES TO NO NAME OF DATE Middle Mogth Year DECEASED (Type or print) DEATH 6 0 19 9 6. COLOR OR RACE AGE I in yours MARRIED NEVER MARR ED TI 8. DATE OF BIRTH IF JNDER I YEAR IF JNDER 24 HES lost buthday) Months Days DIVORCED | WIDOWED [W 7 919 100 LISUAL OCCUPATION (Give kind of work done 10b, K NO OF BUS NESS OR INDUSTRY 11 BREMPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working (ife, even if retired) XXXXXXX Japot Clark 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per (ine for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN **DUE TO** + onwit Conditions, if any, which gove rise to immed ofe **DUE TO** couse (o), stating the underlying couse los (c). PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 17 WAS AUTOPS) PERFORMED? YES NO 17 706 ACC DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE MOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Hem 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Day, Year 20d INJURY OCCURRED (County) (Stelle) factory, street, office bidg., etc.) 0. ft White Not white of work [7] of work D. 01 21. I certify that I attended the deceased from A 1957 that I last saw the deceased ... and that death occurred at. A.M., from the couses and on the date stated above ADDRESS (\$Ireel, city or town, elgie) DATE SIGNED ACTUAL DIRE SIGNATURE PHYSICIAN'S DUTTITE NAME (Type) FUNE 220. BURIAL, CREMATION, 226. DATE THEREOF ZZC NAME OF CEMETERY OR CREMATORY 22d. LOCATION 1E N (Stote) REMOVAL (Specify) MAK HITT CHATTERY 2 23. FUNERAL DIFECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 15M 9/53



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rec Dist No HEASTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before adm. sign a COUNTY Montgomery MARYLAND Maryland Montgomery b City OR YOWN it out the corporate mins in the EURA c. CITY OR TOWN (If ou side corporate tim h. write RCRA, and give nearest, awn & LENGTH OF STAY IN 16 Chevy Chase Bethesda 9 days d. NAME OF HOSP TALL OR INSTITUTION (It not in hospital give in rest address, A STREET ADDRESS >[F DIAL YES | NO DE Hospital Suburhan 4306 Leland Street 3 NAME OF Middle 4 DATE Month DECEASED OF (Type or print DEATH 19 59 Tudor February Lawrence FUNDER TYEAR FUNDER 74 HR 6 COLOR OR RACE 12 MARRIED NEVER MARRIED 3 8. DATE OF BIRTH P AGE N WOLL Months Days Hours Min Male WIDOWED | DIVORCED T May 25. White 58 yrs 27 14 On US. AL OCCUPATION, Give kind at work done 106 KIND OF BUSINESS OR INDUSTRY . I BIRTHPLACE Signs or foreign country during most of working life even + ref red) 2 cg 12 CTZEN OF WHAT CO IN R ? U.S.A. Civil Engineer Kansas City, Kansas Info. Ag. D. ,... PAG 13. FATHER'S NAME 14 MOTHER'S MA-DEN NAME great w Bessie Jones Matthew Lawrence Matson form I 15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOC A. SEC. RITY NO. 17 INFORMANT 00% 118 118 G ladys Gay Matson (wife) No 18 CAUSE OF DEATH [Enter only one cause per the for till, (b) and (c) photo NTERVA BE 2011 ONSET AT DO A 4 PART I. DEATH WAS CAUSED BY Gazdiac arrest immediate MAMEDIATE CAUSE (a) DUE TO Pencit 1 Off Status pestoperative immedia to Conditions if one which fb1 should be transfer to be to be pove rise o immediate couse DUETO (a), storing the underlying couse lost PART H. OTHER SIGN-FICANT CONDITIONS CONTRIG. T NO TO DEATH BL T NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART ONLY WAS AUTOPSY -PERFORMED? Early generalized peritonities YES 🚮 NO 🛅 200. EXTERNAL CAUSE WAS PRIMARY | 0 or CONTRIBUTING | CAUSE OF DEATH, 206 DESCRIBE HOW IN TRY OCCURRED (Enter nature of injury in Part 1 or Part 1, of Hem 18.) g 2 2 1 000 20d IN JRY OCCURRED | 20r PLACE OF INJURY (Flores, form, 120r (City or lown) 20c TIME OF INJURY Month Day Year (COUNTY) ~ U Not while factory street, office bldg., etc.) p m of work of work 0 0 21 I certify that I took charge of the remains described above held on Autopsy 📉 Inspection 🗍 Inquiry TO BE op mon death resulted from Natural causes X Accident | Suic de [], Homicide [], Undetermined monner ACTUAL DATE SIGNED M.D. CHIEF MEDICAL EXAM NEA SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type, DEPUTY MEDICAL EXAMINER TO EUNER 27g. B. R.A. CREMAT . N 1276 DATE THEREOF 22d LOCATION (City town, or county, REMOVAL Spelify 40 Nat. Mem. Church, Virginia 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC D BY REGISTRAR 246 REC STRAR S SIGNATURE DATE FEB 5 Bethesda, Maryland Robert A. Pumphrey BN 2 57

Bethesda '

9 days

Suburban

Lawrence Tudor Matson

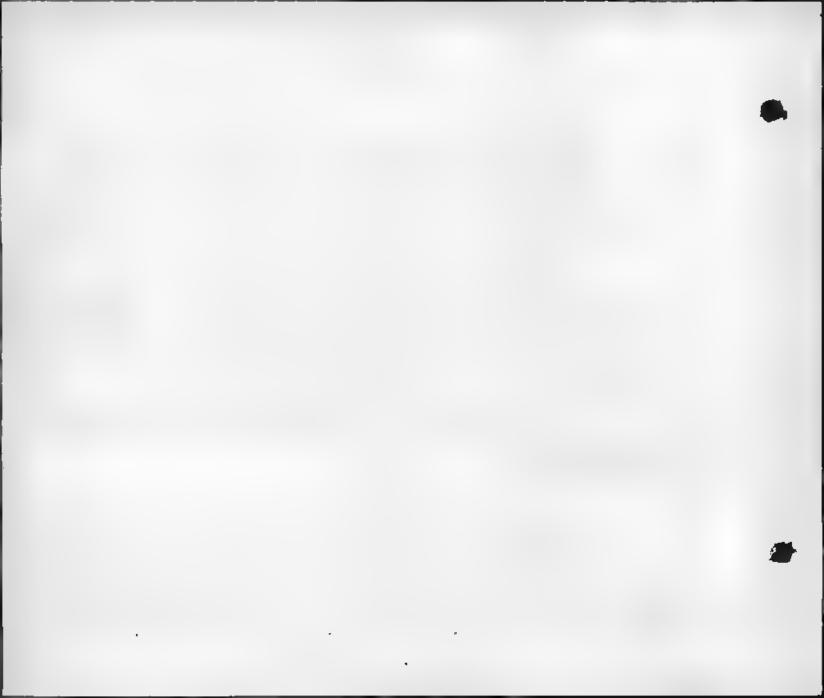
Male White May 25, 1900

Civil Engineer . . . Kansas City

Matthew Lawrence Matson Bessie

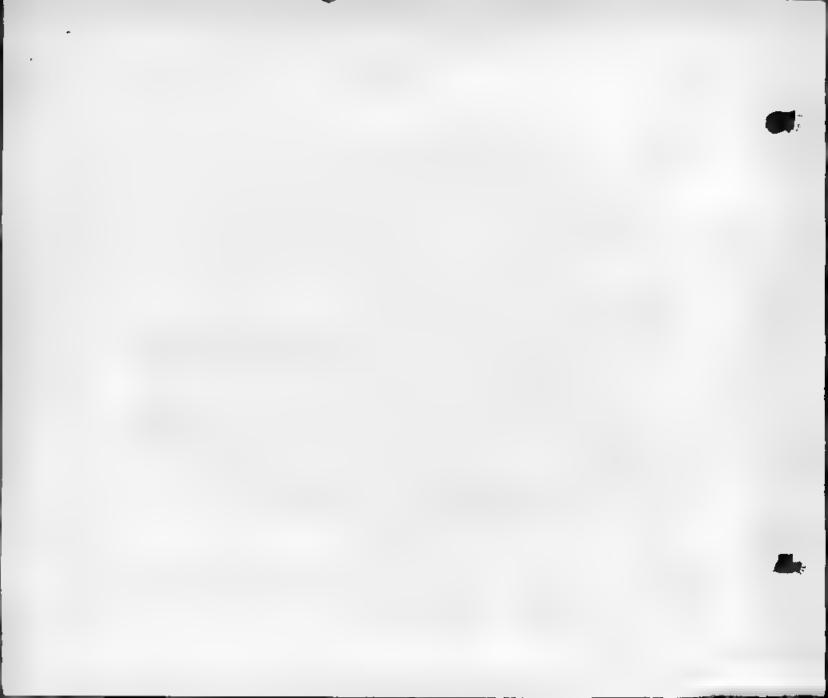
No 'Yes Gay Ma

7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 . 2	L	1999 CERTIFICATE OF DEATH Reg. Dist. No.
director (1)	1	PLACE OF DEATH COUNTY MONTE ON EVY MARYLAND 2 USUAL RESIDENCE [Where decreased lived If institution Residence before admission] a STATE New York b. COUNTY
deal h		RURAL and give nearest town Park 39 days New York Zone 58
by the		or INSTITUTION Cedar Haven Rest Home 2565 Marion Ave. 15 RESTDENCE ON A FARM? YES [] NO INSTITUTION Cedar Haven Rest Home
n 24 ho filled m pes } on		NAME OF DECEASED SAVO Crandal/ Maxwell DEATH February 2/ 1959
d within	5	Female white widowed Divorced Jan. 28 1874 PAGE (In years If UNOR I YEAR IF UNDER 24 HES
od cami	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 1 gr. Children's Wear Clathing England U.S.A.
icte be corbo a corbo gifter	13	Bernard Maxwell Unknown
ng phys 72-how	15 (%	WAS DECEASED EVER IN U. S. ARMED FORCES? TO SOCIAL SECURITY NO 17 RIFORMANT NO
offendi offendi offendi		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY Pulmon ary Edema ONSET AND DEATH ONSET AND DEATH 15 hrs.
oven'		DUETO Congestive Heart Failure, dus to weeks
gred b permit		come (a) stating the under Brancho-Pheumania 22345
secon secon ross)	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 10:112, WAS AUTOPLY
The Ich	FICATION	PERFORMED? YES NO X
CIAN- 1	CERT	206. ACC DENT WAS UNDERLYING OCCURRED (Enter nature of unjury in Port 1 of from 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIA or or or this cert this cert this cert	MEDICA	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not white of work of wor
April Affect Affect for its of, or		21. I certify that I attended the deceased from $Feb. 976$, 1952, to $Feb. 21$, 1952, that I last saw the deceased alive an $Feb. 20$, 1957, and that death occurred at 1:301M, from the causes and an the date stated obave.
ATTEN		ADDRESS (Street, city or form, statu) DATE SIGNIED
to OR Jamed L DIRE ould by or prio		SIGNATURE Wallace 7. 17 0 K M.D 7701 Corroll Ave, Tak. Pk., md. 2/21/5
SPITA NERA 3 sh	770	NAME (Type) BURM GEMATION 276 DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City form of county) (Store)
O HO O O O O O O O O O O O O O O O O O		removal 2/21/59 Mt. Pleasant Cem., Westchester Co., New York
VS A15 (4)		he S.H. Hines Co., 2901 14th St. N.W.; DATE B 2 4 79
15M 9/55	-	DATE





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 Fil, 32) 3-6-Reg Dist No EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE Where deceased lived. It less fullion: Residence before odmission BA COUNTY MARYLAND HANCUILANDE B. CITY OF TOWN IN LENGTH OF STAY IN 16 G CITY OR TOWN "I plante corporate tim is write RURAL and give nearest town). d. NAME OF HOSP TALLOR INSTITUTION (If not in hospital give sireet address) d STREET ADDRESS Ch A PARKS YES TO NO TO Dan Tarium Manth DECEASED (Type or or nt) DEATH February 6 COLOR OR RACE 7 MARK ED X NEVER MAR TED B DATE OF 8 KTH 9 AGE to smark 5 SEX FUNDER YEAR IF NOTE 24 + PS Months Days Hours Min W-DOWED [DIVORCED ! 100 USDA, OCCUPATION Give & nd of work Jone 106. * NO OF BUSINESS OR INDUSTRY ! 11 8 REHP, ACE Store or foreign country! 12 CIT ZEN OF W AT 'U N RY? 13 FATHER'S NAME 14 MOTHER'S MA DEN NAME HE SOCIAL SECURTY NO 17 INFORMANT 18 CAUSE OF DEATH | Enter only one couse pe int for (a), (b), and (c). DASTAN DA PART I DEATH WAS CAUSED BY Fractures (two) of vertebral column with spinal IMMEDIATE CAUSE OF cord compression, multiple rib fractures, skull DUE TO fracture DUE TO Trauma Conditions flony which) gove tise to immediate come DUE TO (a), atol no the underlying (cours alf PART II. OTHER SIGN F CANT CONDITIONS CONTRIBL TING TO DEATH SCIDIOSE PE A ED TO ME TERMINAL DISEASE CONDITION GIVEN IN PART FID. 19 WAS ALL TOPSY PERFORMED? Midshaft fracture of right femur and left hemothorax YES 🔛 NO 🗀 200 EXTERNAL CAUSE WAS 206 DESCRIBE HILLY IN LIRY OCCURRED (Enter nature of injuly in Post 1 or Fort Lafritum 18) PR MARY ET OF CONTR BUTING Mar struck or back by stimp which Month Doy Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form) 20f (City or town) 20c TIME OF INJRY (Slote) 19 57 of work & or work | freament Lot 2) I certify that a tack charge of the remains described above, held on Autapsy 🔀 inspection 🖳 Magury | apinian death resulted from Natural caises 🗍 Accident 🖟, Suicide 🗍 Hamicide 🗍 Undetermined manner DATE SIGNED ACTUAL M.D. CH EF MEDICAL EXAMINER SIGNATURE ö ASSISTANT MEDICAL EXAMINER DEPUTY MED CAL EXAMINER TH NAME Type) 22d LOCATION City town or county) F INERAL DIRECTOR'S SIGNATURE 740 REC D BY REGISTRAR 246 REGISTEAR'S SIGNATURE VS A15ME Actoring to the west



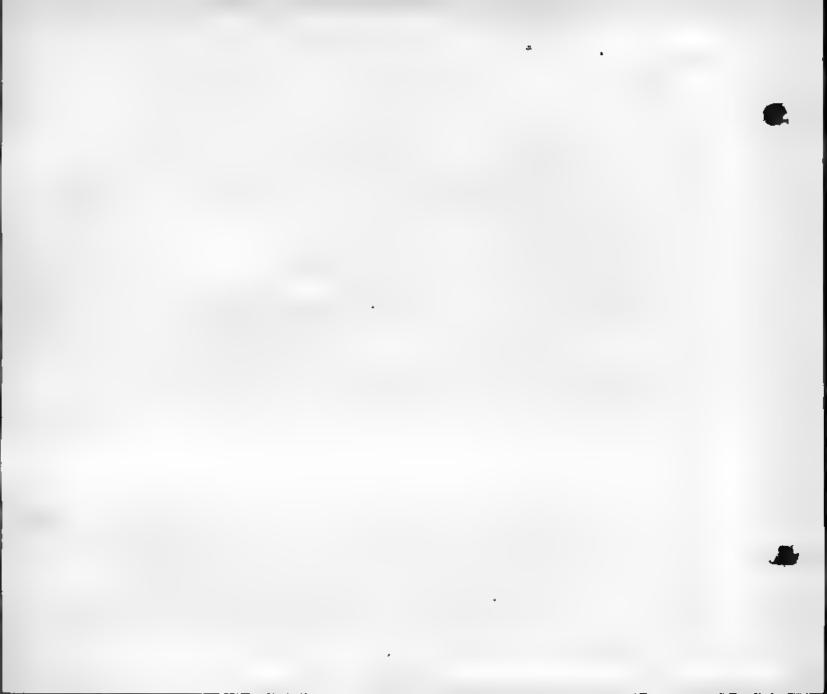
: * = 1	- }	ŧ	18-12-3, FLI MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1208
FOR STAT	re]	,	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DE		, P	Reg. Dist. No LACE OF DEATH 2 USUAL RESIDENCE (Where decisional lived if ratifulion Residence before odm short)
Poge to the control of the control o		b	COUNTY MENTA ONE COUNTY MENTAND O STATE ME B COUNTY MENTAND O STATE ME COUNTY MENTAND OF STATE ME COUNTY MENTAND OF STATE ME COUNTY MENTAND OF STATE ON TOWN IT OUTSIDE COUNTY MENTAND OF STATE
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ony de la the faction of the design of the d		E	EX COLOR OF RACE 7 MARR ED THE WARR ED THE BATE OF BIRTH 19 AGE TIME I FUNDER THEAT PUNDER SER R.
and 3 and 3 and 2 w and 2 w		100	hale what WIDOWED DIVORCED 7-8-98 Months Doys Hours I M. n. LELAL OCCUPATION (Give & nd of work done 10b K ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)
oges 1, 2 PM3 Pac pages 1 o		20.	PATIAN LE REPAIRMAN SEA (S FATHER'S NAME ROBERT T. MEWS JANE EXELBY
File form	り	, Yang	was deceased ever in U.S. ARMED FORCES? 6 SOCIAL SECURITY NO 17 INFORMANT Address of benness 5.77—38—0636 Mr.S. Ethel M. Best, 1349 Dewey Ave.
Them, 18 clong a clong and perm			18. CAUSE OF DEATH [Enter only one could per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pulmonary Tuberculosis
d be exected a pencil in p			Conditions. I only which (b) governante immediate couse (a), stoting the undertying (DJE 70)
show on no		Z	FART IL OTHER IGN FICANT CONDITIONS CONTRIB TING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1/0/19 WAS ALTOPSY
perd perd sol Ex	^	25	Acute Alcoholism
mord f Medic ord be or al, c		3	206 DESCRIBE HOW INJURY OCCURRED (Enter notice of repety in Part 1 of Item 18.) CAUSE OF DEATH 206 DESCRIBE HOW INJURY OCCURRED (Enter notice of repety in Part 1 of Item 18.)
WER T		MEDICAL	20c TIME OF NJURY Month Bity Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form 1 70f (City of form) (County (Storal foctory, street, office bidg, etc.) (City of form)
EXAM For Port			2) I certify that I took charge of the remains described above, held an Autopsy M. Inspection
or for billing and a second and			ACTUAL FIGURE FRANCE & BLOCK MARCH MD CHIEF MEDICAL EXAMINER (DATE SIGNED
EPUTY I		220	EXAMINER'S FLANK T. BLOSCHZIT DEPUTY MEDICAL EXAMINER 2-9-59 BLR A: CREMAT ON 226 DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY 220 LOCATION (C by John of Rounly) STOLES
5 4 5 9 5 4 4 5 9		-	FT, II'NON COMET'S Y PAINCE GO. COLNTY, MA VI AND UNERA DIRECTOR'S SIGNATURE ADDRESS DAG OFFICIAL SIGNATURE ADDRESS
5M 2 57		4	the period and for year for the SILVET S DIVE DANGER + + TO . If The MARKER + + TO



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If nutrition Residence before admission) a. COUNTY o STATE b. COUNTY MARYLAND Montgomery b CITY OR TOWN I'V outside corporate limits, write Maryland c C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 15 RURAL and give nearest town) Silver Spring, Silver Spring d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? 7925 Chicago Avenue YES NO K 7925 Chicago Avenue NAME OF Middle Lost 4 DATE Year DECEASED าส 1959 (Type o print) JACOB KILLIAM MEYERS DEATH February FUNDER I YEAR FUNDER 24 HRS. 4. COLOR OR RACE 7 MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) Months Days DIVORCEO | WIDOWED [7] Male 1876 100 USUAL OCCUPATION (Give kind of work done) 6b. KIND OF BUSINESS OR INDUSTRY 1 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Merchant - Retired U.S.A. Poland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Bernard Meyers Anna Litke IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mrs. Jennie Meyers 7925 Chicago Ave., 5.5. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] NTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) -3-mi Nemman DUE TO +Charpesbryanto Conditions of any, which) gove rise to ammediate **CUE TO** cottse (a), stating the underlying couse lost PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 of 19 WAS AUTOPSY PERFORMED? eneralizado servicio contino de contino YES 🗍 NO 🗭 200. ACC DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH FEITHER NOTIFY MEDICAL EXAMINER] 206. DESCRIBE HOW INJURY OCCURRED (Einter noture of injury in Part I or Part II of ilem 18.) 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or lown) Day Year 20d INJURY OCCURRED (Stote) (County) Hour a.m. factory, street, office bidg., etc.) Not while al work all work 1955, ta Felf 18 , 1959, that I last saw the deceased 21 I certify that I attended the deceased from. and that death accurred at 10 ... M., from the causes and on the date stated above. alive on_ ADDRESS (Street, city or lown, stole) ACTUAL SIGNATURE PHYSICIAN'S Blaine Fig. M.D. 8641 Colesville Rd., Silver Spring, Md. NAME (Type) FUNERY age 3 st 270 BURIAL CREMATION, 275 DATE THEREOF 22d LOCATION (City town, or equaty) 22c. NAME OF CEMETERY OF CREMATORY (Stote) PERMOVAL (Specify) King David Memorial Garden Falls Church Virginia Buriel 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC D BY REGISTRAR 246 REGISTRAR S SIGNATURE 14th St., N.W. B. Danzensky & Soms 3501 VS A15 (4) DATE

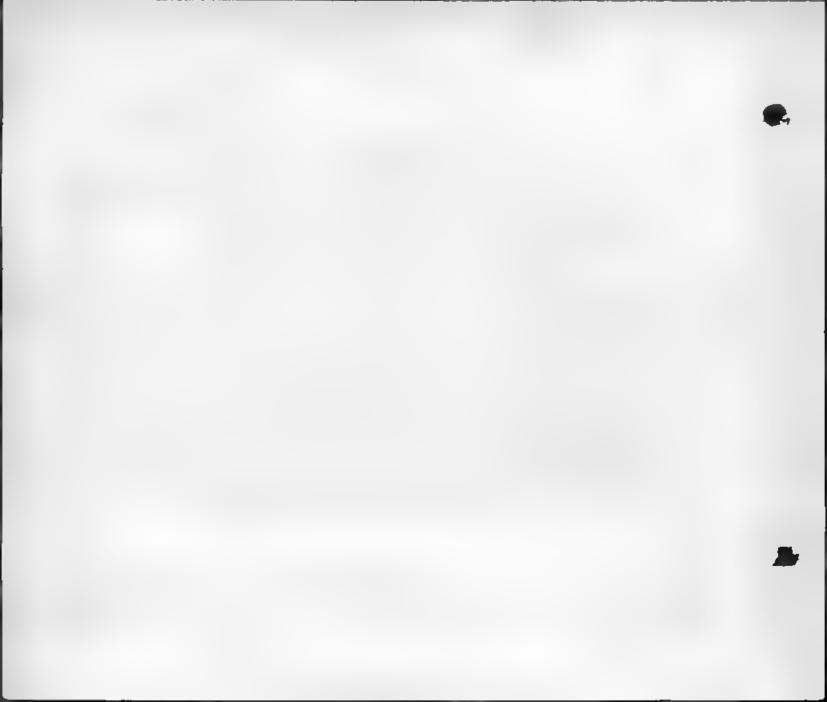
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2109 **CERTIFICATE OF DEATH** Rep. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a COUNTY filed 6. COUNTY MARYLAND CITY OR TOWN OF outside corporate limits write E LENGTH OF STAY IN 16 c. CITY OR TOWN (Hi pulside corporate limits, write RURAL and give necrest town) Rt. RA, and give mearest lower d. NAME OF HOSPITAL a floot in hospitor, give street address) d. STREET ADDRESS IS RES DENCE OR INSTITUTION ON A FARM? YES 🔲 NO 📋 NAME OF 4 DATE Middle Month Year DECEASED 01 (Type or print) DEATH 5. SEX 6. COLOR OR RACE MARRIED DENEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 74 HRS lost burthday Months Dave Moura Min WIDOWED [DIVORCED -100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (Store or foreign country 12 CITIZEN OF WHAT COUNTRY? death during most of working tile, even if setired) 184150 a te 13 FATHER'S NAME 14. MOTHER'S MATDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? & SOCIAL SECURITY NO 17 INFORMANT NESCL Address IS CAUSE OF DEATH [Enter unly one couse per line for (a), fb), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMED ATE CALSE (0) DUE TO Conditions if any which (b) gave rue to immediate DUE TO cause (a), storing the yedge lying cause out PART SE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 DELIF WAS ALTOPSY PERFORMED? YES NO TO 206 ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING TO CAUSE OF DEATH ITS EITHER MOTIFY MEDICAL EXAMINERS 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I in it item 18) s MEDICA 20c TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form) 20f (City or town) (Stote) County) factory street office bidg etc.) Hour G. 171 While Not white of work of work , 193 4, to \mathcal{I}_{\sim} 19 3 \mathcal{I} that ! last saw the deceased 21 I certify that I attended the deceased from ... Land that death occurred at la M, from the causes and on the date stated above ADDRESS (Street, city of lown, stole) DATE SIGNED ACTUAL å DIRE should PHYSICIAN'S the registror NAME (Typo) FUNER, 220 BURIAL CREMATION. DATE THEREO 27c NAME OF CEMETERY OR CREMATORY lows, or county! (Stote) REMOVAL (Specify) ø 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 246. REC ID BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE FEB VS A15 (4) 15M 9 55 arrhy L. Kross

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea Dist No 1 PLACE OF DEATH 2 USDAL RESIDENCE Where deceased lead of list tution. Residence before admission O STATE Montgomery 6 COUNTY MARYLAND Maryland Montgomery & CITY OR TOWN If outside apporate limits write & LENGTH OF STAY IN 16 c CITY OR TOWN, if outside corporate mits, write RURAL and give nearest lown, ROCKVIIIe ~/ Rockville vears d NAME OF HOSPITA. If not in hospital give street address; OR INSTITUTION d STREET ADDRESS B S RESIDENCE ON A FARM? 419 Park Road 419 Park Road YES . NON. NAME OF 4 DATE Middle Lost Month DECEASED ROBERT MILLS DEATH February 24, (Type or print) 19 59 9 AGE (In years F NDER YEAR F NDER 24 HRS lost berihday) Magins Dout Hou s Min 6 COLOR OR RACE 7 MARRIED NEVER MARRIED KI 8. DATE OF BIRTH 67 yrs Male WIDOWED [DIVORCED [Oct. 27. 1891 Too. JUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (State a foreign country 12 CIT ZEN OF WHAT COUNTRY? during most of working life even if retired) Railroad Retired Foreman Maryland USA 13. FATHER 3 NAME 14 MOTHER'S MAIDEN NAME John L. Mills Butt Margaret 5. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN Address á 8 No None Mrs. Sadie Johnson-sister-same as P 18 CAUSE OF DEATH [Enter only one course per line for (0) (b) and c,] NTERVA, RETWEEN offend ONSET AND DEATH р. PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE to 420.1 DUE TO Conditions, Fony which gove rite to immediate DUE TO couse (a) stating the underlying couse ost PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DIJEASE CONDITION GIVEN IN PART IN PERFORMED? YES NO A 206. ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 206 DESCRIBE HOW INJURY OCCURRED (Enter apture of mary in Par) or Par of rem 18 IF E THER NOT BY MEDICAL EXAMINER 20e PLACE OF IN. JRY (Hame raim.) 20f (City or lawn) Doy Year 20d NUJRY OCCURRED (Stote factory street, office bldg., etc. Haur a. m. While Not white of work of work p. m. 2) I certify that I attended the deceased from that I ast saw the deceased That death accurred at 9:16 AM alive an from the causes and an the date stated above DATE SIGNED ACTUAL 2/24/59 SIGNATURE TO PHYSICIAN'S Stephen Jones Rockville, Maryland FUNERAL NAME (Type) 220 B JR AL CREMATION. 276 DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY. 72d LOCATION (City town or county) abod REMOVAL (Specify) PEB 2 5 59 <u>Rockville Cemeterv</u> Rockville. 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRARS S GNATURE VS A15 4) Pumphrev Bethesda, Maryland 15M 9 5B



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TO DEPUTY MEDICAL EXAMINER. This centrate should be execused within 24 hours ofter deput, if only delay is necessing a penal in them 18. Give Pages 1. 2 and 3 in the runer of a strough be for the chief Medical Examiners Office plang with form PM3. Page 5 may be attracted for the Chief Medical Examiners Office plang with form PM3. Page 5 may be attracted for the State Bage.

30 FUNERAL DIRECTOR Roger 3, hould be used as a burno mans it perms it is pages 1 and 2 with the State Bage or its designated agent, prior to berriol cremotion or removal, and is any event with a 12 hours after depict.

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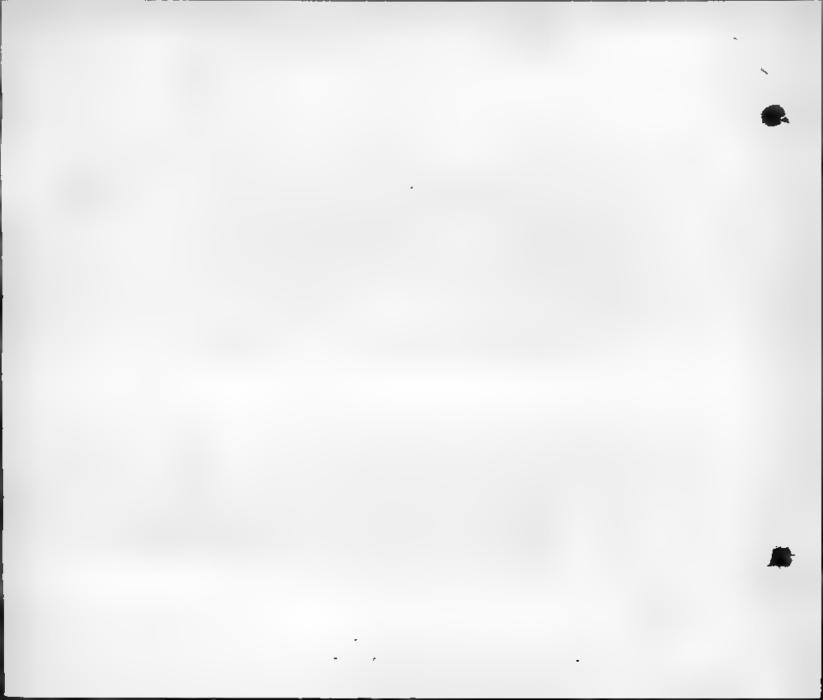
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

AMEDICAL EXAMINER'S CERTIFICATE OF DEATH

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VS A15 149 15M #155

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Ш	P 5	# - DUE TO		ith para	20/0010				17/12		
	Conditions, if a	ny which)	, ~	1/19 /001.	prigra				C		
	gove cite to di coute (a), stoling	mmedrale (_	10 1	1 4	, ,		,	,		
	lying cause ast	Ine unger	171	MIGHY Meli	ghant M	clan	64.9	0150	4/0	51	15
ž	PART 11 OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH!	UT NOT RE ATED TO T	HE TERMINA	L DISEASE CO	OND TION G VI	EN INFART 10	19 MAS	A JTOPSY
FICATION	1) Cora	paralva	5/5	of urinary	bludde	· Li					NO M
	20g. ACC DENT WA	IS UNDERLYING IT	20b DF	SCRIBE HOW INJURY OCCU		insury in Por	or Port II	of item (8.)			
E GE	FITHER NOTIFY	MEDICAL EXAMINER									
CAI	20c TIME OF INJUR	Y Month, Quy Ye	w 20d	INJURY OCCURRED 20s.	PLACE OF INJURY (He	me, form.	20f (City or	lown)	(Coun	ነነ	[Stole]
MEDIC	Houc s. m p. m	19	While	rk at work	factory, street office t	oldg. etc.)					
*					305 20	4. F.	h 20	- 205 0			
		of I offended the	deced	-1	195.22.				,that I last		
	alive on	.3/A/	IX.	and their dec	oth occurred of a			he couses a: I, dity or town, :			ed abovi
	ACTUAL	Maria	1 +	6 85 66	20	3	- 15me	, city or lown.		7 L	10- 10
	SIGNATURE	A CICHE		XX X(A/A/A)	_ w.D	di-f	1.9.0	ALCAK	W.k	1- C.D.	.CQ.
	PHYSICIAN'S NAME (Type)	Stewa	r7	Mapp	<u> </u>	135/	1 15	-00			<u> </u>
220	REMOVAL (Specify)		1.00	ZZC NAME OF CEMETERY	OR CREMATORY	Z	IN LOCATION	N EC, by town, o	r county)	, Sto	fe)
-	BURIAL	2/13/	7/	ARLING	1614 KAI		ARI	NGI	SW A	AL	
23	JUNERAL DIRECTOR	S SIGNATURE	/	ADDRESS	DR. I	No REC'D I	IV REGISTRAS	246 REG 5	TRAR'S SIGNA	TURE	
1.7	arity +	- Laster	56.85	2:34/17	St /x11 . 1	ME 9.1	7.50				
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

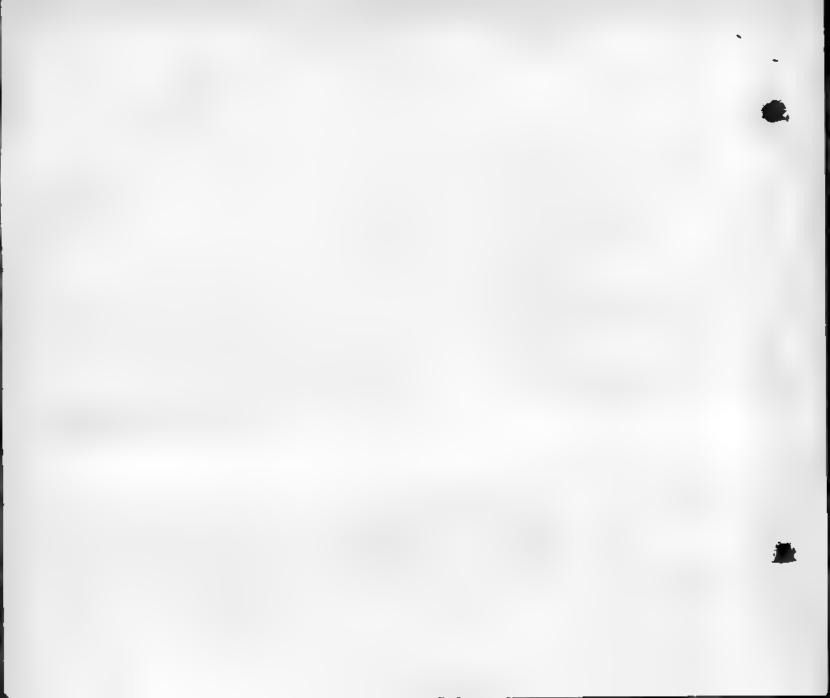
	CERTIFICATE	OF DEATH
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10 HOSMIAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4.	may be refained for he haspital or aftending physician. TO FUNERAL DIRE 12. After this certificate has been signed by the attending physician and completely filled in by the final director page 3 should be selected for use as the burial transit permit. Then please remove carbon pages it and 2 should be the diffed with page 3 should be selected for use as the burial consist permit within 25 thous after death.	
4	Pro Co	
E	A STATE	
ő	AN S	7
I	F. F.	
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VS A15 (4) 15M 9/55

•			2001	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.	191
	1	COUNTY	e, chery	MARYEAND	2 USUAL RESIDENCE (WA 0 STATE ALCOHOL:	we deceased level 11 institution b. COUNTY	Neudence before admission	
	7	RURAL and give	Jark	2-4-59 11:50 pm	* Bethes	etalde corporete limita, weste RU	RAL and give recorsit town)	
	14	MAME OF HOSE OR INSTITUTION	TEN PROTORY	men address)	d STREET ADDRESS	ronklin St.	e is resid	ARM?
		NAME OF DECEASED (Type or print)	Phoebe.	Middle ANN	Niote-	OF DEATH FEBRUA		59
	5. 5	F	7	MARRIED MEVER MARRIED	1 DATE OF BIRTH	# AGE (in years less birthday)	Months Ogys Hours	Min.
		the was	DON (Give kind of work done orking life, even if retired)	Own home	S.C.		Peneted of	OUNTRY
ŗ		Jank			/	Leskan		
	CTer	WAS DECEASED EN	VER IN J. S. ARMED FORCES? Https://girls.work.ter.dores.ol/1007003	None 17	Chart	U. r. h. Ington	-cora orr	E 40
			EATH (Enter only one course of EATH WAS CAUSED BY IMMEDIATE CAUSE (b)	Pett Cerebr	al himor	chage we	ONSET AND B	
		Conditions II gave the lo court (a), statio	ony which (b) 5	massive p	rebound.	trenator	a Julian	1 day
	70	lying couse tou	1 (0)	DISCONTRIBUTING TO DEATH BE	T NOT RELATED TO THE TERMINE	CONSULT HON	N IN PART TO IP WAS AL	JTOPSY
	CERTIFICATION	20a ACCIDENT V	VAS UNDERLYING () 206	DESCRIBE HOW INJURY OCCURR	ED (Enter noture of invery in F	orl Lar Part II of Item 18.)	Presi Opi	NO 🗍
	1 .	OR CONFRIBUTION (IF BITHER MOTIF	Y MEDICAL EXAMINER)	Od BNJURY OCCURRED Z9e. F	EACE OF 'NJURY 'Home form	20f (City or town)	(County)	(Stole)
	MEDICA	Hour e.m	19 0	White Not white twork of work	actory, street, office bldg., etc.	11		
		alive on	that I attended the dec	10		F. C.D. 44		
		ACTUAL SIGNATURE	Bennet G	. Porter Ja	_M D	reporters (street, till or sown,)	.2/4/	59.
	77-	PHYSICIAN'S NAME (Typo)		Porter, Jr.			Silver <u>Sp</u> ri	
	Βυ	PEMOYAL (Specif	sit 2/7/59		emetery		S. Carolina	
		FUNERAL DIRECTO	. Pumphrev	Bethesda. M	arvland DATE FE		TRAR S SIGNATURE	



0		2112		ATE OF DEAT	'H-Baltimore, 1 'H	1, 21, 31
M	PLACE OF DEATH	1	MARYLAND	2 USUAL RESIDENCE V	Where deceased lived Institution of Colbus 1981E	Reg. Dist. No 215
	b CTY OR TOW	'N + outside corporate limits, write re neorgy town'	C LENGTH OF STAY IN 16	E CITY OR TOWN (H	outside corporate limits, write RL	URAL and give nearest town
	Bethesd		14 days		ton, D.C.	5 + _
5/	OR INSTITUTI		oddress,	d STREET ADDRESS		e. IS RES DEN ON A FARI
ŀ	U.S. Na	val Hospital			orgia Ave.	TES NO
	(Type or print)	Tdo	Estell	MUDD	Of DEATH Febru	ery 8 1959
-	5 SEX	6. COLOR OF RACE 7 MAK	RRIED NEVER MARRIED	B DATE OF BIRTH	P AGE (n years ligst birthday)	Months Days Hours M
	Semale_	[Caucasian woow		4-18-82	76 913	
_/	distribility of	AT ON (Give kind of work done 10b working life even if cetted)	. KIND OF BUSINESS OF INDU			17 CITIZEN OF WHAT CO.
I):	Ho agew.			Washingt		U.S.A.
_/				14 MOTHER'S MAIDEN		
	Charle	S LOMBARDY EVER IN U. S. ARMED FORCES? 16	SOCIAL ESCURITY NO. 117. II	Rose HAM	MEK	
	No	If yet, give wor as done of service)	,		. MJDD 225 Gran	THEODIE
2	Conditions, governse I couse (a), star II.	of any which (b) (b) (b) (c) OTHER SIGN FICANT CONDITIONS	CONTRIBUTING TO DEATH BUT			EN IN PART I TO THE WAS AUTT
	OF CONTRIBUT	WAS UNDERLYING THE 205 DES				
	20c T.ME OF IN	m. 19 While m. 19 of wo	rk of work	ACE OF INJURY Home for hory street office bidg. e	k) ;	(County) (
	21. I certify	that I attended the decea	sed from January 1	19.59, la F	ebruary 8 , 19 59	that I last saw the dec
	ACTUAL SIGNATURE	Wines	Λ.		AM, from the causes of ADDRESS (Street, city or town, 18 A Hospital NIM	ifole) DATE
- 4	PHYSICIAN'S NAME (Type)	A. MIALE Jr. LTM	c usn	Bethesda	14 Maryland	
	B. T.L. ISpen	270 DATE THEREOF	27c NAME OF CEMETERY OF Arlington Nab	REMATORY	27d socation (ty lown o	(Store VE)
1	3 FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS 5	1.7.5		TRAR'S SIGNATURE
	w.E. P.	mphrey 8+3+ Geor	gia Ave. H.H.	DI GALE	10'59	4. 1 A
	7//	S 50 118		- c MA	3276100	7-7-7



8. DATE OF BIRTH

DIVORCED [

100. USUAL OCCUPATION IGNA kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (Sign or foreign country)

c. LENGTH OF STAY IN 16

Arthur Reuben Myers.

6. COLOR OR RACE 7 MARRIED NEVER MARRIED

WIDOWED

IS RESIDENCE

IF INDER I YEAR IF UNDER 24 HOS.

House

INTERVAL BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTEYS

ON A FARM? YES TO NO TO

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)

February

Address

AGE | n years

lost birthday)

Silver Spring

8320 16th Street

Eleanor Essex

Portsmouth.

14 MOTHER'S MAIDEN NAME

4 DATE

COUNTON TO DEATH

NAME OF

male

SEX

(Type or print)

13. FATHER'S NAME

b. CITY OR TOWN (If puttide corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

white

15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO

it CAUSE OF DEATH [Enter only one course per time for (a) (b) and (c).]

Silver Spring

8320 18th Street

during most of working life, even if retired)

Retired Civil Engineer

Calvin Baysue Myers

PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) S Drivets DUE TO Conditions if any which gove the to immediate DUE TO cours (a), italing the under ying couse lost PART L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO 19 WAS ALTOPS PERFORMED? YES 🔲 NO 🖂 200 ACCIDENT WAS UNDERLYING [] 120b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INDURY Month Day 20d INJURY OCCURRED 20a PLACE OF NIJEY (Home, form, 20f (City or town) (Stole) (County) foctory, street office bidg. etc.) Haur a.m. While Not white of work of work 21 I cortify that I atlended the deceased from Lely 10 ... 1950, to Tele 25 ... 1959, that I last saw the deceased and that death occurred at & LZZPW, from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 770 BURIAL CREMATION. me name of Chartery of Crematory West View Cemete Atlanta, Ga. REMOVAL (Specify) Cemetery remova WHERM DIRECTOR'S SIGNATURE Q240 REC D BY REGISTRAR 245 REGISTRAR'S SIGNATURE 15M 9 53



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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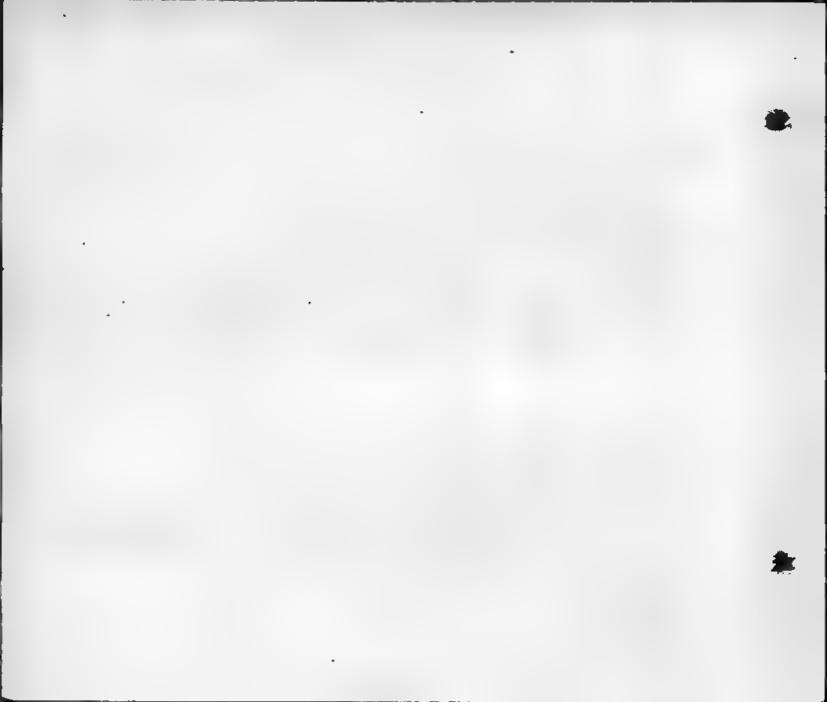
	2114	CERTIFIC	ATE OF DEA	TH		Reg. Dist. No) (/ B C	, , ,
PLACE OF DEATH	MONTGOMERY	MARYLAND	2 USUAL RESIDENCE	(Where deceased YI,AND	b COUNTY	MONT 30		en)
b. CITY OR TOWN (I RURAL and a re ne STT VI	outside carporole limits, write	E. LENGTH OF STAY IN 16	c CITY OR TOWN	VER SPRIS		RAL and give h	poreși lown)
	As I not so harpila give street		d STREET ADDRESS				U. IS RESI	DENCE FARM?
3. NAME OF DECEASED (Type or print)	CHAPLES	Middle H. A.	NAECKER	4. DATE OF DEATH	HE)		-/	reer 19 59
s sex MALE	4. COLOR OR RACE 7 MARS		8 DATE OF BIRTH 5/28/74	9	AGE [In years lost birthday]	Months Days	HOULL	R 24 MRS. Min
during most of work PIANO TUNE	ON (Give kind of work done 10b king tife, even if retired) ER O	KIND OF BUSINESS OF INDI	MARYLA:		intry)	12 CIT ZEN		COUNTR
AUGUST NAME	ECKER		KATHERI	NE BOETT	CHER			
	R IN U. S. ARMED FORCES? 16.		s, John G. 1	Lorz, 70°	Addr 5 Ritchi			
PART I DEA 44 45 A Conditions if o gard size to i couse in stoling lying couse tost PART I OTH OR ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	MERCIONE DUE TO GO HER SIGNIFICANT CONDITIONS (SUNDERLYING 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	Pulmo July ting to DEATH BE TO A THE TOURS CRIBE HOW INJURY OCCURR	colund.	r in Part I or Part I		A Louis L	19 WAS DERFO	C LY AUTOMEY RANED? NO []
Y TIME OF INJUR	w White		actory street, office bldg.	etc)	or IOWII)	(Cauni)	,	(31018)
ACTUAL SIGNATURE PHYSICIAN'S NAME Type) ZIO BURIAL CREMATIC SIDERILY SIDERILY		and that death of the second o	n occurred at 10, MD SC4, 1D Activ	February ADDRESS (SINGLE) 1720 LOCAT PRINCE	the causes a set city or lown. West. ON City 10wh o	And county)	ate state	ed abov
33 WATER PREEDS	-, -, -,	ADDRESS SILVER SPRI		REC'O BY REGISTR	AR 246 REG S	COLNTY,	URE	
J. Car 4/ 202 to and	1 st it inst		DATE	I MED O		4 T 700	and a	

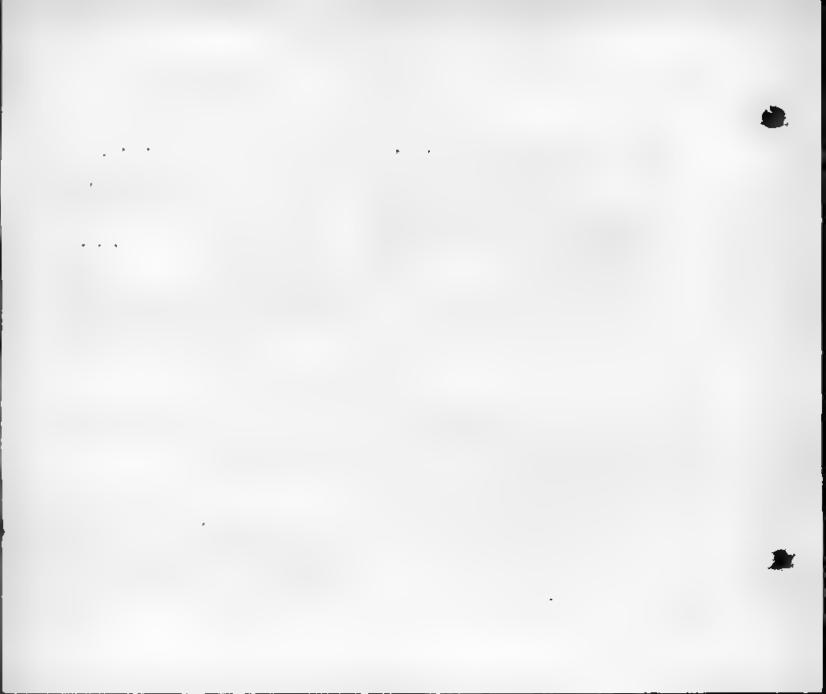
andy be retained to the hosp tall or attending physician

TO FUNERAL DIR. DR. After this certificate has been signed by
page 3 should be detached for use as the burial transit permit TO HOSPITAL OR ATTENDING PHYSICIAN. The ow VS A15 (4) 15M 9 55

nerol director, be filed with

regulies that the death certificate be executed within 24 hours after death. Page 4





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

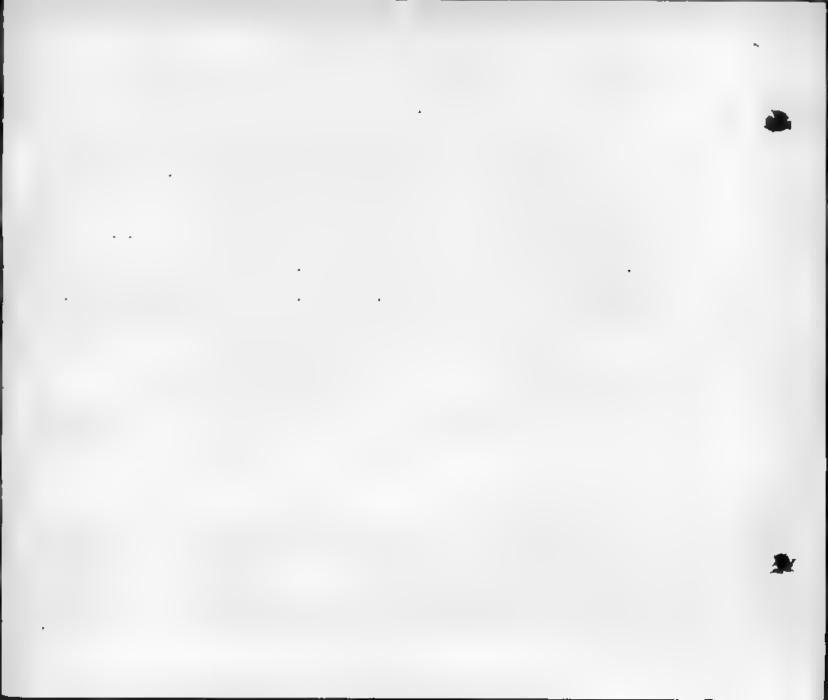
2116 CERTIFICATE OF DEATH

Pero, Dist. No.

	- FITO			•	Reg. Dist. No.
A COUNTY MONTG	OMERY	MARYLAND	2 USUAL RESIDENCE (W) O STATE MARY)	AND b COUNTY	on Residence before admission) MONTGOMERY
b. CITY OR FOWN (If outled RURAL and give negret) I OLNEY		22 yrs.	CITY OF TOWN IN A	sutside corporate amilia, winie l	PURAL and give recrest fown)
d. NAME OF HOSPITAL (III) OR INSTITUTION OL	not in hospital give street D BALTIMORE	,	OLD BALTI	MORE ROAD	AEZ NO
3 NAME OF DECEASED (Type of Print)	GERTRUDE	Middle ELIZABETH	NI CHOLSON	4 DATE MOI OF DEATH FEB.	/
	HITE WIDOV	NED NEVER MARKED DIVORCED	D DATE OF BIRTH 9/6/09	9 AGE (in years ost birthday) 4 9 yri	Months Days Hours Min.
100. USUAL OCCUPATION (Goduing most of working tife CLERK	a second of contractly	CIND OF BUSINESS OR INDI O-OP MARKETS	MARYLAND		U.S.A.
THOMAS E. SHA	W		EDNA G. B		
15. WAS DECEASED EVER IN U	i we more or distant of securitals		. Robert G. N	icholson, Old	
PART I DEATH W/ IMME Conditions, if any, w/ gave rise to meed course (o), storing like ym fying course cost	DUE TO	yrearel.	Thrembo	ris a	NYERVAL BETWEEN ONSET AND DEATH
CATIC					VEN IN PART 10 19 WAS AUTOPSY PERFORMED? YES NO N
200. ACC DENT WAS UNIO OR CONTRIBUTING DICA (IF EITHER NOTIFY MEDIC	EXECUTING TO 2005 DE LISE OF DEATH CALEXAM NERS	SCR BE HOW INJURY OCCURR	ED (Enter moture of mury in I	Port Cor Port Cof Hem (B)	·
70c TIME OF INJURY Mo Hour o.m. p.m.	While		TACE OF INJURY I Home form sciency, street, effice bidg. etc	20f (City or fown)	(County) (State)
21 I certify that I alive an DE F	B, 2	sed from AUG-18 5.1., and that death	h occurred at 6105	M from the courses of ADDRESS (Street city or form)	Athat I last saw the deceased and on the date stated obove that signs 19 Feb. 5
PHYSICIAN'S NAME (Type)	OHN B.	2 EG-LEI	2	0	
BURLAL CREMATION 27	2/22/59	ST. JOHN'S CE		OLNEY, MONTGO	on county) (Shore) MERY COUNTY, MD.
WALNER E PUM	HEY, INC.	SILVER SPRI	NG, MD a 240. REC	D BY REGISTRAR 246 REGI	STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed with n 24 hours ofter death. Page may be retained by the hospitation or attending physician.

TO FUNERAL DSP OR After this cert ficate has been signed by the otherding physician and campletely filted in by page 3 should be detached for use as the but aftronsit permit. Then please remove carban papers, Pages 1 and 2 line registration prior to but at cremation, or removal and in any event within 72 hours after death. VS A 5 (4) ISM 9/55

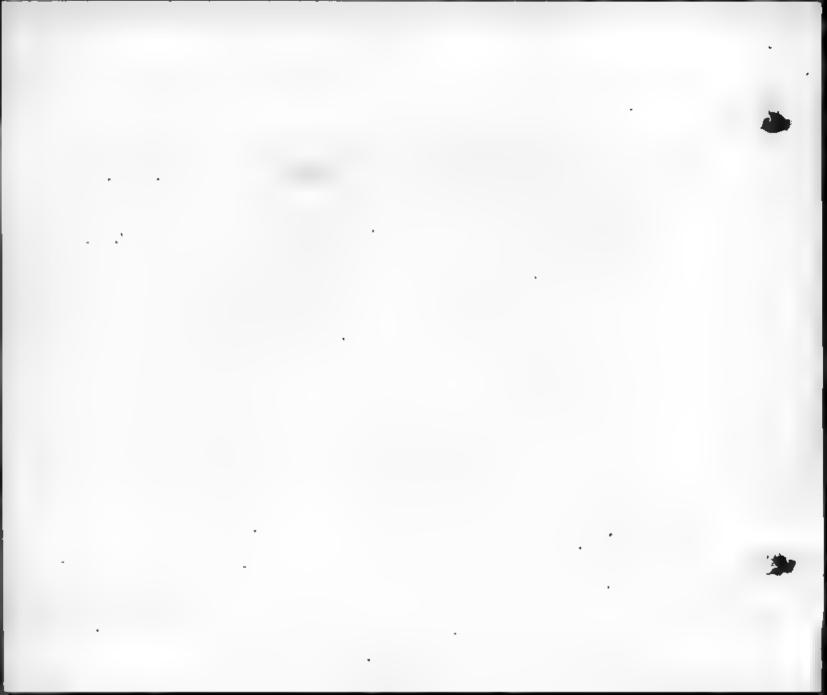


G.

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ADDRESS

Bethesda, Maryland

246 REC D BY REGISTRAR

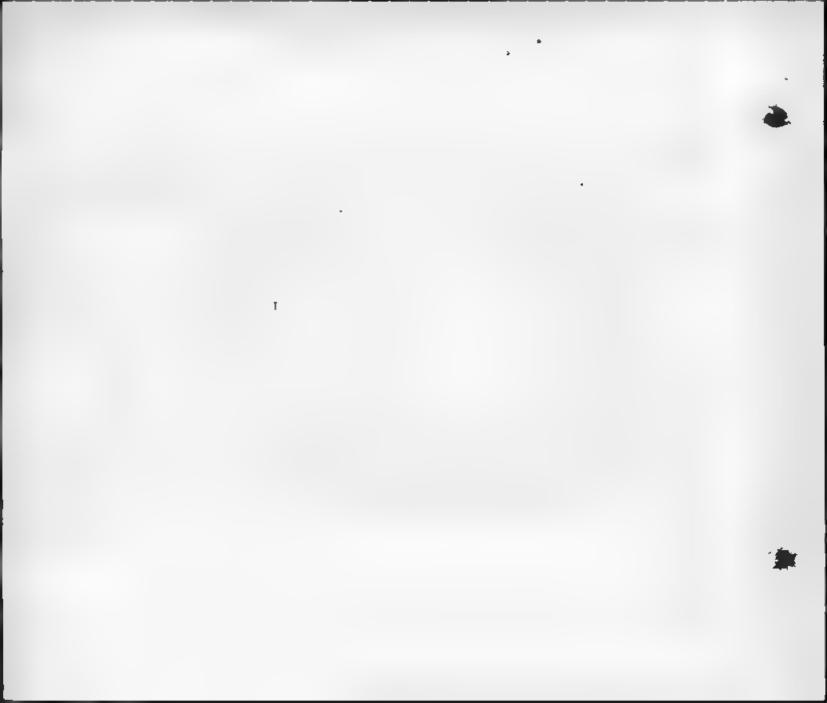
DATE FEB 1 8 '59

746 REGISTRAR'S SIGNATURE

TOY be retail o

23 FUNERAL DIRECTOR'S SIGNATURE

Pumphrey...



CERTIFICATE OF DEATH

Reg. Dist. No. 215

	ATTER MANAGEMENT OF THE PARTY O					
I PLACE OF DEATH		0 51ATE	SIDENCE (Where deced			e edmission
Nont omery	MARY	Vir.i	nia	Arlin		
b C TY OF TOWN (Fautside corporate limits RUPAL and give nearest form)	write c. LENGTH OF STAY	IN 16 C. CITY OF	TOWN (II outside cor	porote limits, write	RURAL and give nea	rest Jawn;
Bethesda (R ral)	6 mrs. 42	min. Arlin	rton		7	٦ ,
OR NST TUTION		d. STREET	ADDRESS		1	E IS RESIDENCE
U. S. Naval Hospital		1500	Arlington	Blvd		ON A FA M
DECEASED First	Middle	U	ost 4. DATE	Ma	nth Day	y Yeor
(Type or print) Jame	S	NIEL	SEN DEAT	и Feb	ruary 15	1959
5 SEX 6. COLOR OR RACE	7 MARRIED T NEVER MARRIE	D B. DATE OF BIR	тн	9 AGE In years		IF JINDER 24 185
Male Caucasian			92	66 m	Months Doys	Haers Min
On USUAL OCCUPATION (Give kind of work de	one 106 KIND OF BUSINESS O	F INDUSTRY II BIRTH	PLACE (Stole or fateign	country)	12 CITIZEN OF	F WHAT COUNTRY?
during most of working life, even if retired) Mariner	U.S.Navy	De	nmark		U.S.A	
13 FATHER'S NAME	1 0,0,20,		'S MAIDEN NAME			-
Niels Peter NIELSEN		Mara	aret SKOV			
IS WAS DECEASED EVER IN . S ARMED FORCE		17 INFORMANT		Adv	drets	
Yes WWI & WWII	577-38-0216	Hospital	Records			
18 CAUSE OF DEATH Enter only one cour	se per line for fo). (b), and (c).	1			LINTE	SVAL BETWEEN
PART I DEATH WAS CAUSED BY	Candelland	D 1.	R C	TA.	IONS	ET AND DEATH
MMEDIATE CAUSE (0)	1 a conjumer	Carrie	anny	thronia	1,00	mencel
4 y DUE TO	1 -1	0 to	11 4/1	1 :	1	
Canditrons if any which) (6).	anenosa	levole 1	Ray 1	rocore	5	years
gove 1 se to mmed-ole DUE TO						2
ly ng couse ost						
PAN OTHER SIGNIFICANT COND	ITIONS CONTRIBLY NG TO DE	ATH BUT NOT RELATED !	O THE TERMINAL DISE.	ASE COND TION GI	VEN IN PART 1(a) 15	WAS AUTOPSY
3 Extension My	ereardial In	Farition	Inly 1	958	1	YES NO T
" 700 ACC DENT WAS UNDERLYING THE 1/2	OF DESCRIBE HOW INJURY OF	CURRED (Enter noture	of Injury in Part I or P	ort II of item 18)		
OF CONTRIBUTING CAUSE OF DEATH				ŕ		
\$ 20c TIME OF NJURY Month, Day, Year	20d. INJURY OCCURRED	20e PLACE OF INJURY	Home, form, 201 (C	ity or town)	(County)	(Stote)
Atour e.m.	While Not while	factory, street, offi	ce bidg., etc)	,	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	of work at work	7.0		30.00		
21 I certify that I attended the d						
ofive onFebruary 15	. 12.59 and that	death occurred a	t.71 <u>27A</u> M, fr	om the causes	and on the dat	e stated above
11 11 11	, () (/		AODRESS	(Street, city or lawn	, stole)	DATE SIGNED
SIGNATURE 9	411	M.D. U.	S. Naval H	ospital,	NNMC 2	-16-59
	00,					
NAME (Type) F. S. CALDW	ELL, LT, MC, U	SN Bet	hesda 14,	Maryland		
770 B RIAL CREMATION, 276, DATE THEREOF	22c NAME OF COME	TERY OR CREMATORY	224 100	ATION (City fown	or county)	(Stote)
BIMOVAL Secrita) 2-20-59		ON NATIONAL		INGTON, V		
73 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24g REC'D BY REGI		ISTRAR S SIGNATUR	£
m 7 1110 0 57	Ww. Chem	1	DATER 1 0 'S			
111 7 W/W/E	The Warren	N. 1 1 1 (.	DAME FROM S	131	1 - 0 4	

eral d artar y the attending physic or and completely filled. Then please remove carbon papers. Pages 1 event with n 72 haywardjer death. to Hospital or Attending PHYSICIAN. The law require; that the death certificate be executed w the haspital or attending physician OR After this certificate has been a gned by delached far use as the bustolitrans I permit may be relained. The haspital or altending physical EUNERAL DIRECTOR After this certificate has be page 3 should be detached for use or the buriotive like registror prior to buriol cremotion, or removal. VS A15 (4) 15M 10/57



15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

* S RESIDENCE

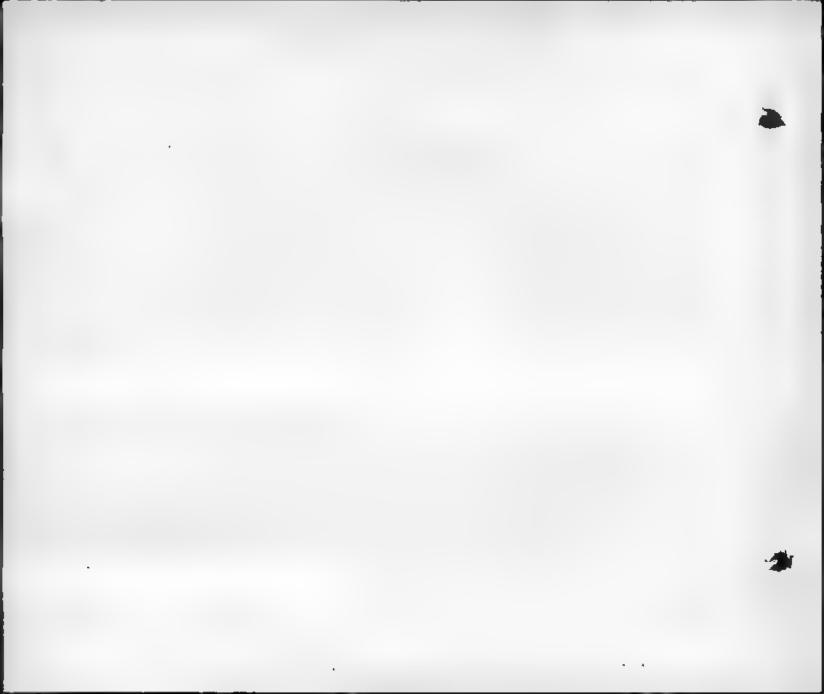
ON A FARM

YES NO

Year

Reg. Dist. No.

19 IF UNDER TYPAR IF UNDER 24 MRS Months Doys Hours 12 CITIZEN OF WHAT COUNTRY? Anna Louise Robertson Address. 100 Myrtle ONSET AND DEATH PERFORMED? YES NO D (County) (Stote) , 19____that I lost saw the deceased ADDRESS (Street critic or town, state) DATE SIGNED 22d. LOCATION IC by lown or country) (State) 246 REGISTRAR'S SIGNATURE Washington 9. D.C.



Reg. Dist. No.

20 death. gag carbon A STA ã, burnal 8 RAL DIRES should FUNERAL m 0

MEDH Hour a.m Gilve on. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 23 FUE VS A1S (4) 15M 9/55

30 R 41.7	NATH MEM I	
IERAL DIRECTOR SIGNATURE	ADDRESS	
alla texecal borner	4217-92KUM80	
		Ξ

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived - If institutions Residence before admission) a. COUNTY **b.** COUNTY MARYLAND antacmer 2 7 0 CPY OR TOWN (If outside corporate limits, write RURAL and give hearest fown) r CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 NAME OF HOSPITAL (If not in hospital, give street address) OR INST PUTION d STREET ADDRESS a. IS RES DENCE ON A FARM? YES | NO | Lashina tray I king NAME OF Middle 4 DATE Lost Month Year DECEASED OF DEATH (Type or print) 19 2" 6. COLOR OR PACE 7 MARRIED NEVER MARRIED 9. AGE (In years 5. SEX B DATE OF BIRTH FUNDER TYEAR IF UNDER 24 HRS. last birthday) Months Don DIVORCED X WIDOWED | 1C 100 US.A. OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE ISlate or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) Mary A 21 500 . 17 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOC AL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions if any which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19 WAS AUTOPSY PERFORMED? YES | NO IT 206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Part I or Part 1 of item 18.) OR CONTRIBUTING A CAUSE OF DEATH 20c TIME OF INJURY Month, 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form. 20f (City or fown) (Stole) (County) factory, street, office bldg. etc.) While Not while of work of work ... 19.2. Lithat I last saw the deceased 21 I certify that I attended the deceased from... to and that death accurred at 3.1/5, M, from the causes and on the date stated above. ADDRESS (Street, city or love, Hote) BATE SIGNED 220 B . R.AL CREMATION. robb or county! 22c. NAME OF CEMETERY, OR CREMATORY 22d ACCATION ICHY (Status 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE



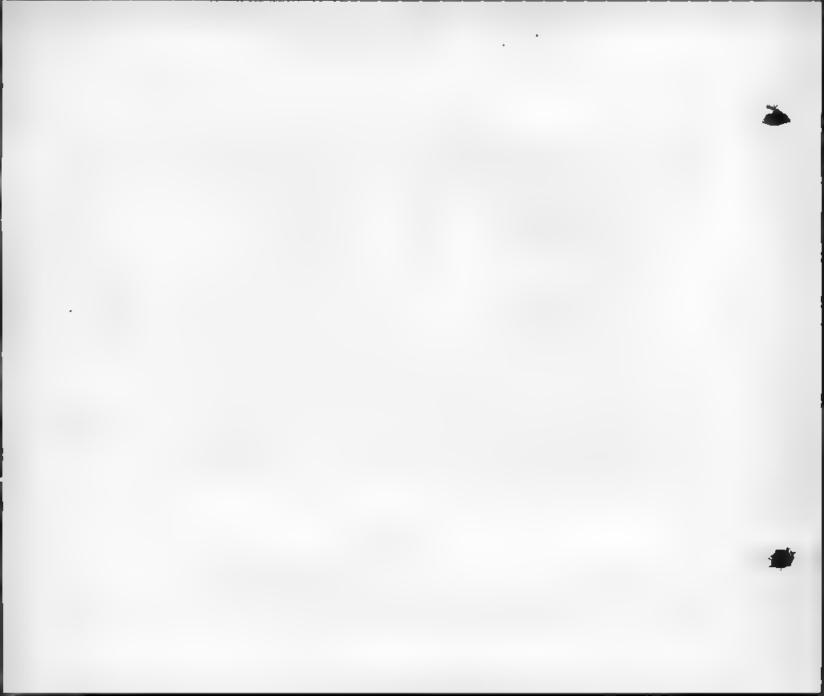
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

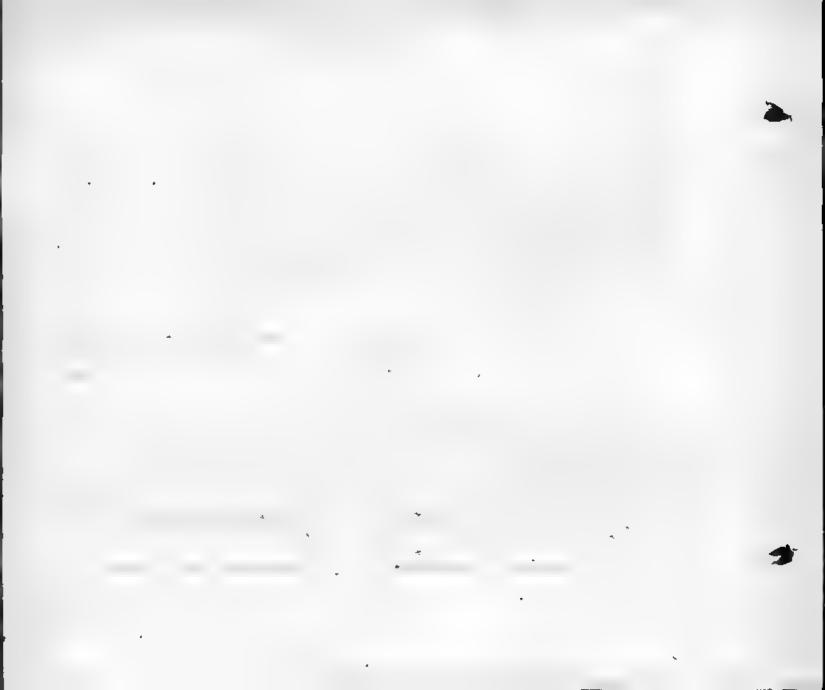


VS A15 (4) 15M 10/57 4

	2122	CERTIFICA	TE OF DEATH	1	12107 Reg. Dist No.
PLACE OF DEATH	ery	MARYLAND	2 USUAL RESIDENCE (WHO STATE Maryla	era decreased fived. If institutional b COUNTY	Residence before odmission) Carroll
Gaither:	sburg	e length of stay in 1b 9 yrs 4½ 風o	E CITY OR TOWN (If a	onds corporate limits, write RL Ster	(RAL and give nearest town)
ASDUTY Me	At M not in hospital give street ethodist Home i	or the Aged	& STREET ADDRESS		ON A FARMY YES NO D
3 NAME OF DECEASED (Type or print)	I-VdiA	Middle	PURSLER	4 DATE Mont OF DEATH	Doy Yeor 24 1954
Female	white		12-22-1869	9 AGE (In years last be hidny) 89 yes	Months Days Hav 3 Min
Kept ho	ing life, even if retired;	. KIND OF BUSINESS OR INDUS	Manchest		U. S. A.
13 FATHER'S NAME Edward (Oursler		Juilann W		
15 WAS DECEASED EVE			FORMANT	st Hoge, Gaith	
	mmediale (me for 10), (b) and (c) }	Tun o	milater	ONSET AND DEATH
PAIN (I. OTH		CONTRIBUTING TO DEATH BUT I			PART I(a) 9. WAS AUTOPSY PERFORMED? YES NO
20c T ME OF INJUST	Y Month. Day Year 20d. While		CE OF INJURY (Home form fory street office bldg., etc	, 20f (City or lown)	(County) (State)
21 I certify the over an FE		22,, and that death	accurred at/0/1974		that I last saw the decease and an the date stated above total DATE SIGNE 2-24-59
220 BLRIAL CREMATION ADMOVAL ISPECTIVE	2-26-59	720 NAME OF CEMETERY OR TEXTLEST CON		Marchiller	
THE COST OF	- Farture.	Faithush.	ung hier DATE	FEB 2 5 59 26 REGIS	TRAR'S SIGNATURE

MARYIAND STATE DEPARTMENT OF HEALTH DAITMORE 16





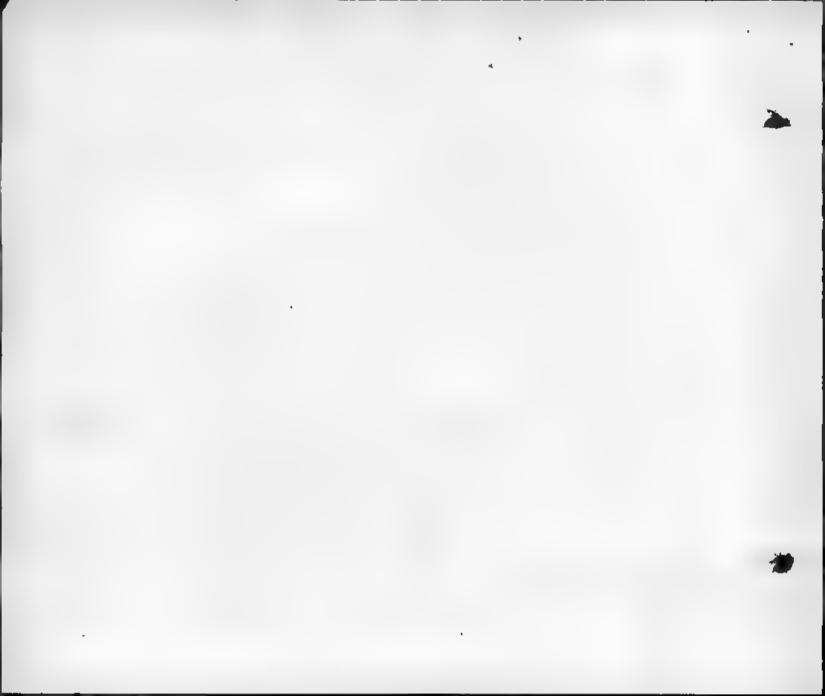
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg Dist No HEALTH DEPT.). PLACE OF DEATH 2 USUAL RESIDENCE Where deceased lived of implication Residence before admission o. COUNTY b. COUNTY MARYLAND ě E LENGTH OF STAY N 16 c. C.TY OR YOMN, If outside corporate limits, with RWEA, and give inflatest lawn NST TuffOhi (If not in hospital give street saures) d NAME OF HOSP TAL OR STREET ADDRESS ON A PARM YES NO K Locks 3 NAME OF Widdle Year DECEASED (Type or print) DEATH 19 9 AGE in 1991 5. SEX OLOR OR RACE MARRIED TO NEVER MARRIED . B DATE OF B RTH IF JNDER YEAR feet birthdays Months Hours 5" yrs. WIDOWED [DIVORCED [MJ PA 100. USUA, OCCUPATION (Give kind of work done; 10b KIND OF BUSINESS OR INDUSTRY 1) BIRTHP, ACE ISLOTE O Talego country oge 2 CITZEN OF WHAT CO YTHY? di ling masifal working ife even if retired) poges 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unkream aun 15 WAS DECLASED EVE S ARMED FORCES? 16. SOC AL SECURITY NO 7 INFORMANT Address B CAUSE OF DEATH [Enter only one course per ine for .o), (b), and (c) Oforg. ONSET A 10 MAR A PART I. DEATH WAS CAUSED BY HAMEDIATE CAUSE (6) Office 1100,1 DUE TO Conditions if any which. burno! [6] gave z se la immediale couse **PUETO** (o), slating the underlying D couse foil PART II OTHER MIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART : 0119 WAS AUTOPSY base PERFORMED YES [NO G 20a. EXTERNAL CAUSE WAS 266 DESCRIBE HOW IN JRY OC JERED (Enter nature of injury in Part of Part I of Hem 18.) PR MARY I or CONTRIBUTING [] CAUSE OF DEATH. 20d HN JRY OCC RRED | 20n PLACE OF INJURY (Home, form, '20f (City or fown) 20c TIME OF INJURY Month Day Year [County] (Stole) factory, street office bldg., etc. Hour p. m. While Not while at work | at work | 21 1 certify that a tack charge of the remains described above held an Autopsy [Inspection od, Inquiry A. and in my op nion death resulted from ... thatural causes 🔀 Accident [] Suicide E. L Homicide Undetermined manner DATE SIGNED ACTUAL CH EF MEDICAL EXAM NEF S GNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER S** DEPUTY MEDICAL EXAMINED NAME Type) Pho. 270 BURTAL CREVATION 770-TOCATION City lown or county) "Stota" RENIGNAL iSpe for 40 240 REC D BY REG STRAR 746 REU-STRAR'S SIGNATURE A SME



TO MOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours often death

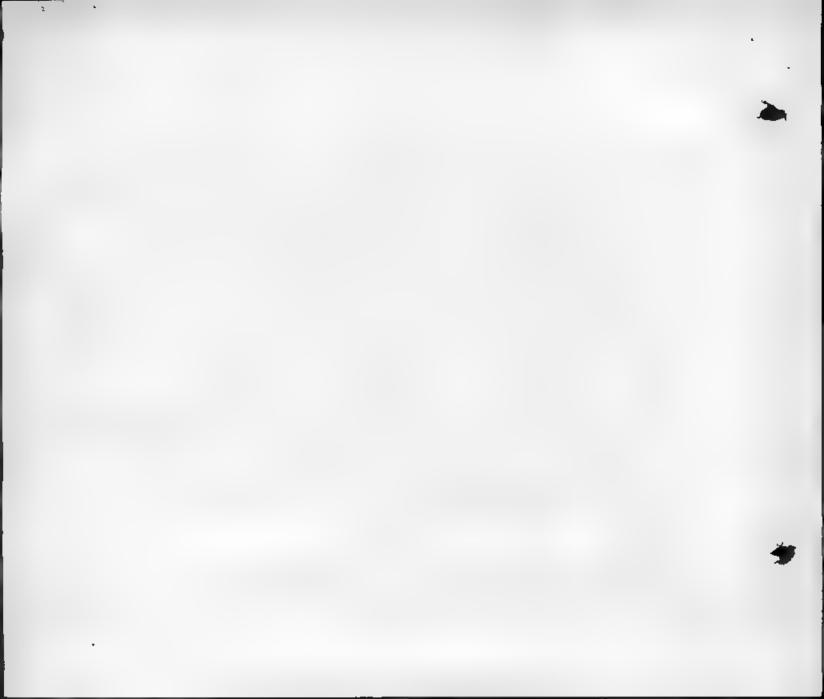
V5 A15 (4) 15M 10/57

	GERTIFICA	CERTIFICATE OF DEATH			Reg. Dist. No			
PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2 USDAL RESIDENCE WIN			on Residence MONTGO		ms:00)	
b. CIFY OR TOWN If outside corporate fimile, write RURA, and give nearest fown: STLVER SPRING	18 months	SILVE	erside corpore		URAL ond go	re nearest k	pwn]	
of INSTITUTION 808 HERON DRIV		, d STREET ADDRESS 808 H	ERON 1	DRIVE		e 5 ON YES	RFS DENCE	
I NAME OF FIRST DECEASED Type or print) MATHILDA	MARIE PEACOCK	lost	4 DATE OF DEATH	FEB.	ith	Day 16	Year 39 59	
FEMALE WHITE WIDOW		B DATE OF BIMH	- 5	AGE illn years tout birthday) 57 pti	Manths D			
On USUAL OCCUPATION (Give kind of work done 10b during most of working life even if relied) RECEPTIONIST	AL ESTATE	PENNSYLVA		unity)	U.S		AT COUNT	
D. FATHER'S NAME MICHAEL SCHAFF		LA MOTHER'S MAIDEN NO CATHERINE						
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yau no: or unknown) (If you give more or dolor of resource) NO		Francis A. I	Peacocl	k, 808 H		rive		
PART (DEATH Enter only one couse per 8 PART (DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO Cond (ons if ony which) gave 7 to 20 immed one DUE TO	arcinoma	of colon n kolizel s	ntli	extens	r Spri	ONSET AL	THE WEEN NO DEATH	
PART II OTHER SIGN FICANT CONDITIONS. PART II OTHER SIGN FICANT CONDITIONS. 200 ACC DENT WAS UNDERLYING [] 20b. DES OR CONTR BUTING [] CAUSE OF DEATH [] (IF E THER, NOTIFY MEDICAL EXAM NER]	CONTRIBUTING TO DEATH BUT				'EN IN PART)	(a 19 WA PER YES	FORMED?	
Hour o.m. White		CE OF INJURY (Home form lory, street, office bldg., etc.)	20f (City o	or town)	(Co	unly]	(5161e	
21 I certify that I attended the decease alive an 2/14/ 19. ACTUAL SIGNATURE AND A ROLD F. PHYSICIAN'S HAROLD F.	777	accurred ot 5:20A	M, fram	the causes of the city or town,	ind an the	st saw the dole sto	ne deceas pled abo DATE SIGN	
220 BUR A CREMAT ON, 226. DATE THEREOF REMOVA. (Specify) 2/18/59	200 NAME OF CEMETERY OF			ON (C y lown o			lote'	
23 FUNERA, D RECTOR'S SIGNATURE WAS NEED E. PHMPHLEY TNC	ADDRESS STLVAR SPRIN	G MD 246. REC D	BY REGISTR		STRAR'S SIGN			



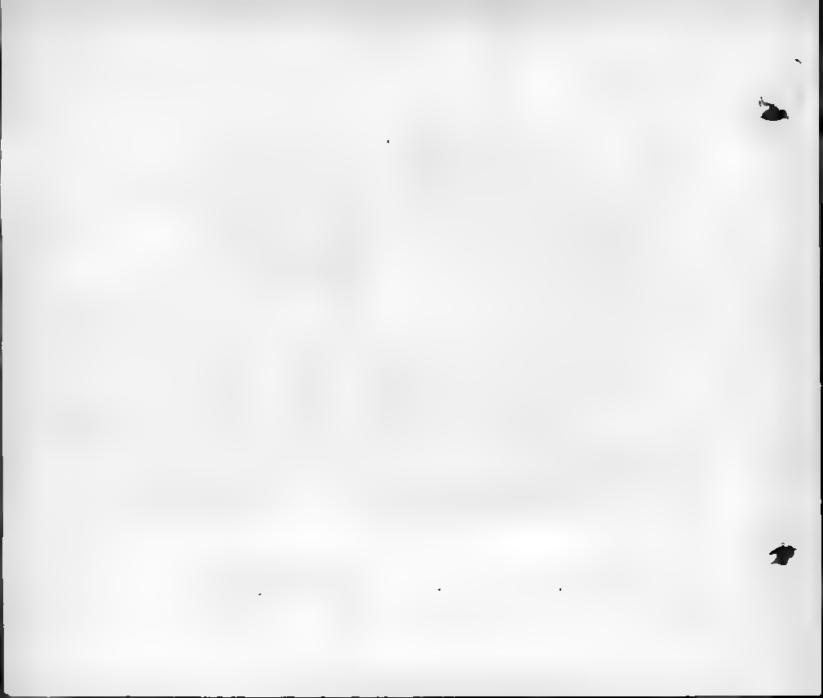


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea Dist No. EALTH DEPT.), PLACE OF DEATH 2. SSUAL RESIDENCE: Where decreased lived - Linstitution Residence before admission) e. COUNTY 6 COUNTY MARYLAND 6 CITY OR TOWN C LENGTH OF STAY IN TO c CIY OF TOWN (If outside corporate limits write RURA and give nea est town Of INST T, TION (II not a hospital give sired address) ON A FARM? YES TO NO TO 3. NAME OF First Midding. DECEASED Q# DEATH (Type or post) 9 AGE in year 5. SEX & COLORIOR PACE MARRIED NEVER MARR ED 2 8 DATE OF BIRTH W DOWED DIVORCED [DO USUAL DE CUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 12 CIZEN OF WHAT CO N'RY? during flost of working life, even if retired, Own Home 13 FATHER'S NAME 14. MOTHER'S MA DEN NAME Phebe A. 7 INFORMANT 5 WAS DECEASED EVER IN J. S. ARMED PORCES? 16 SOC AL SECLETY NO Address No NO E AL BE WOODEN 18 CAUSE OF DEATH . Enter only one couse per line for (a) (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions I ony which ! gave rise to immediate cause DUE TO (a), stoling the underlying cours last PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAUD SEASE CONDITION GIVEN IN PART 1 (1) P. WAS A JORSY PERFORMED" NO W 206 DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part 1 or Part 11 of Hum 18). 20g. EXTERNAL CAUSE WAS FRIMARY | or CONTRIBUTING | 20c TIME OF IN URY 20d. HELL BY OCCURRED 20e PLACE OF HULLBY Home form. 120f (City or lown) Month Day Year (County) (State) factory street office bidg. etc.) Hour a m White. Not white of work of work 2) I certify that I took charge of the remains described above, held an Autopsy 🗐 , Inspection 📈 , Inquiry 🙎 and n my opin on death resulted from Natural causes 12. Accident [Su cide Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER [4] NAME Type 226 BUR AL CREMATION 226 DATE THEFEOR 774 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C y fown or county) REMOVAL (Specify) Bur-Transi Oak Grove Springfield, Mass 240 REC'D BY PEGISTRAR 7 # acht A. Pumphrey, Bethesda.

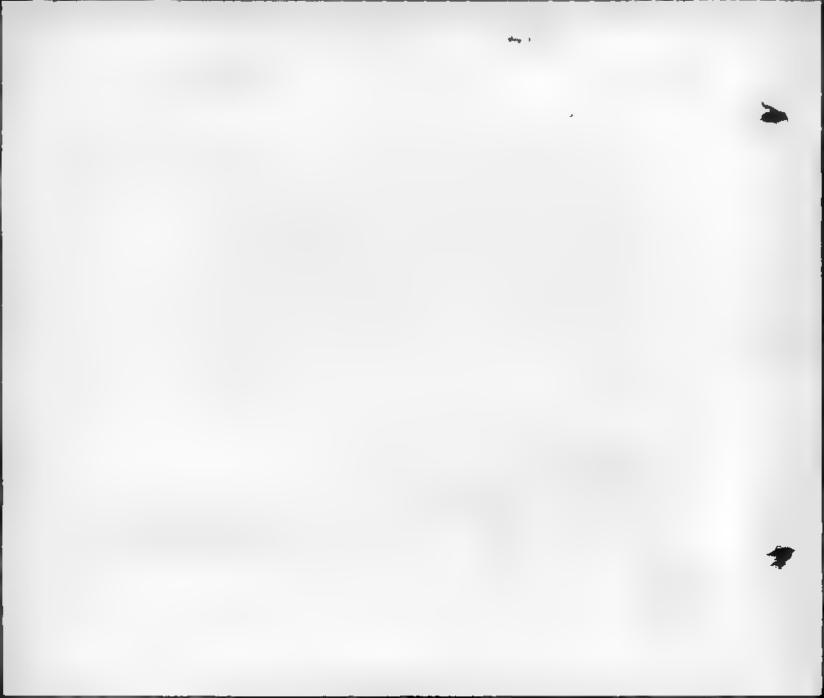


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€,	161		Rug. Dis	it. No
1 MACE OF DEATH O COL NITY HON GEOMOTY	MARYLAND	2 USUAL RESIDENCE (Where de	b COUNTY	ce before admission)
b. CITY OR TOWN (If ownide corporate limit RURAL and give nearest fown)	ts. write c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	corporate limits, write RURAL and o	give Reptett fown)
Bethesda	32 days	5 Silver Spring	ž.	
d. NAME OF HOSPITAL (If not in hospital, gor NST TUTION The Clinical Center,		d STREET ADDRESS	r Place	e. IS RESIDENCE ON A FARM? YES NO
I NAME OF BECEASED (Type of print)	Middle (Neme)	4. p		Doy Year 6. 19 59
	7 MARRIED NEVER MARR ED	B DATE OF BIRTH	- 407 447 3	
Female White	WIDOWED TO DIVORCED	October 23, 197	P AGE (in years FUNDER fost birthday) 33 yrs	Doys Hours Min
On USUAL OCCUPATION (Give kind of work o	done 106 KIND OF BUSINESS OR NO		eign country) 12 CIT	IZEN OF WHAT COUNTR
Manicavist Manicavist	Beauty Salen	Hungar		Hungary
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	-	
Bela Szahali		Anna Muller		
S. WAS DECEASEDEVER IN U.S. ARMED FOR	CESP 16 SOCIAL SECURTY NO 17	INFORMANT The Medica	1 Record Address	
Tel no ol unindwn, yet gre vol ol dotel of a	Neme	The Clinical Con-		Haryland
18. CAUSE OF DEATH Enter only one co	ouse per line for (o), (b), and (c)			NTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE ID	. Respiratory fail	ure - aspiration	of vomitus	10 Minute
/ / X DUE TO				20 11411401
Candhan tan 111	Intectinal obetr	nction		6 Weeks
gove title to ammediate		noma of cervix u	teri - Status -	
(ying couse los)	_	c exemeration wit		
FAM II OTHER SIGN FICANT CON	DITIONS CONTRIBUTING TO BEATH BE			1 01 19 WAS AUTOPSY
PART II OTHER SIGN FICANT CONT 200. ACC DENT WAS UMDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)				PERFORMED?
200. ACC DENT WAS LIMBERLYING	206 DESCRIBE HOW INJURY OCCUR	tED (Enter nature of marry in Port)	or Fort (of dem 18)	
70c. TIME OF INJURY Month, Day, Vec	or 20d. NUMRY OCCURRED 20e 1	LACE OF INJURY Ittome form. 201	(City or town) (C	ounly) (State)
Hour e m	White Not white	actory street, office bldg., etc.)		
21 I certify that I attended the		E 1050 February	4 50	
alive on Fabruary 6	receased from valuably.	D IYDX., IOEGUESU	LEGY, O. , 1922, ,that I I	ast saw the decease
Olive	, and that deal	h accurred at 1:00a M.	from the couses and an th ESS (Street, city or town, state)	e date stated abov DATE SIGNI
ACTUAL SIGNATURE SIGNATURE	35/1	The Clinical		2-6-59
SIGNATURE STAGE EA	1732 Ch 1/1 CE 1/2	M.D.	litates of Health	
PHYSICIAMS Marvin M. Ros	medahl, M.D.	Bethesda Li.		
720 BUR AL CREMATION 276 DATE THEREO	of 22c NAME OF CEMETERY		LOCATION (City town or county)	
REMOVAL (Specify)	1/1 1 A A	I Can I I I I I I I I I I I I I I I I I I I	(City town or county)	(Stote)
J FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC D BY I	EGISTRAR 246 REGISTRAR'S SIG	NATHRE
my ful. Elamber to	e 1	· 14 1 mater 1 .	100 AND AND ATRANA 3 370	014
A CONTRACT OF COLUMN STATE OF	A 11.11.11.11.15	WAIRLD	59	



1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
, T		2128 CERTIFICATE OF DEATH Reg_Dist. No.
Page 19		PLACE OF DEATH 2. USUAL RESIDENCE [When deceosed ived. If institution Residence before admission] 3. STATE MARYLAND 3. STATE MARYLAND 4. OUTPY 4. OUTPY 4. OUTPY 5. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 7. OUTPY 6. COUNTY 7. OUTPY 7. OUTPY 7. OUTPY 8. COUNTY 8
量到10	Γ.	b CITY OR TOWN 1 publicle corporate times, write C LENGTH OF STAY (N Ib C CITY OR TOWN (If autistic corporate limits, write RURAL and give regrest town) SIVEY Spy 176
1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	d. NAME OF HOSPITAL (H not in holpital give street address) OR INSTITUTION A LINE OF HOSPITAL (H not in holpital give street address) 1965 Rosemary Hills Drive 1965 Rosemary Hills Drive VES NO DE
24 hours leed on 1 and 1 and 1		NAME OF DECEASED HEATTIETTA MIDDLE PLOTICK OF FEB. 22 1959
letely fe	5	
d comp h paper dealh	100	TUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or Foreign country) TO C S C - V (FC) 12 CITIZEN OF WHAT COUNTRY? VEW YORK V.S.
cion ar	13.	PIRCUS Wollner RZe Rosenfeld
oertfo	15. Tre	WAS DECEASED EVER IN U. S. ARMED FORCES? IS SOCIAL SECURITY NO 17 INFORMANT Address Shiper String, Md.
the death is attending an please int within		PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) HearT FaiLure (CANCER Metastoses) (INTERVAL BETWEEN ONSEY AND DEATH 3 days
res that ind by the street. The street is any even	-	Conditions, if any which and THYROID CANCER 8 Months gave rise to immediate Out TO
requirements of the control of the c	Z	y ng couse 'ost (c)
g physic has the condition of the condit	CERTIFICATION	Metastatic clisease To Lungo, Blan and BONE YES NO DE
Ctan offend of the b	ICAL CERT	OR CONTRIBUTING DI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
that or of the contract of the	MEDIC	Par a. m. While Mal while lactory street office bidg., etc.) p. m. 19 of work at work
ENDING R Afrer Survel, o		21 I certify that I attended the deceased from 2/5, 1957, to 2/22, 1957, that I last saw the deceased alive an 2/22, 1957, and that death accurred at 8:10 AM, from the causes and on the date stated above.
OR ATT		ACTUAL May Deflece US) M.D. 2025 East West 17 way 5.10 3/9 Hy 2/2
ERAL D		PHYSICIAN'S Dr. Max Sherer
O HOS Poge of	3	BURIAL CREMATION, 726 DATE THEREOF 220. NAME OF CEMETERY, OR CREMATORY, 22d LOCATION (C y, form, or equily) (Stote) REMOVAL (Specify) F20.24/1959 Wellwood Cemetery Farmingdale, L.l., N.Y.
VS A15 (4) ISM 9 55	23	EUNERAL DIRECTOR'S SIGNATURE B. Daugarusky Sons ADDRESS A. D. C., Pada RECIDENT RECISTRAR S SIGNATURE DATE



HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death cert figure be executed with in 24 hours ofter death. Page 1	7/200
may be retained to the hosp tal as amending physician	1
FUNERAL DIRE DR. After this certificate has been signed by the oriending physic on and completely filled in by the flored director	director
page 3 should be "eached for use as the buriof transit permit. Then please remove carbon papers. Pages 3 and 2 should be the carbon pages.	led with
he registrar prat to bund, cremation ar remayal and in any event within 72 hours after death.	7

VS A15 (4) 15/4 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2129 CERTIFICATE OF DEATH

2 USUAL RESIDENCE (Where deceased lived If institution Residence before odmiss of STATE Mary Land FOUNTY Mary Land

	1 PLACE OF DEATH		2 USUAL RESIDENCE (W)		Il institution Resident	ce before odmiss on1		
1	Montgomery	MARYLAND	Mar land Kontjoiery					
1	b CITY OR TOWN (If putude corporate timets, write RURAL and give nearest town).	C LENGTH OF STAY IN 16	b CCITY OR TOWN (II outside corporate limits, write RURAs and give nearest lown)					
]	Bethosda (Rural)	45 min.	x Gaithersh x	rg.				
	d NAME OF NOSP TAL, if not in baspitor, give street a OR INSTITUTION	address)	d. STREET ADDRESS			e IS RESIDENCE		
	U. S. Mayal Hospital		R+. ,-2			YES NC X		
	3 NAME OF FIRST	Middle	Lor	4 DATE	Month	Day Year		
	(Type or print) Charles	(none)	PRATHER		February	13 1959		
	5 SEX 6. COLOR OR RACE 7 MARRIE	ED X NEVER MARRIED	B DATE OF BIRTH		The second secon	TEAR IF UNDER 24 HR		
	Male Negro Widows	D DIVORCED .	3-16-13	40		Doys Hours Min		
	100. CSUAL OCCUPATION (Give land of work done 70b. If during most of working life, even if retired)	KIND OF BUS NESS OR INDUS	TRY I BIRTHPLACE (Stole	or fareign country)	12 € ₹	ZEN OF WHAT COL NERY?		
	Elevator Operator MW	MC. Bethesda.	Mā. Marvla	a ជបឹ	77.	S A.		
	13. FATHER'S NAME		14 MOTHER'S MAIDEN E	NAME				
1	Howard PRATHER		Roste LANG	CASTER				
1	5 WAS DECEASED EVER IN C S ARMED FORCES? 16 S	SOCIAL SECURITY NO 17 IN	FORMANT	22 1 2 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1	Address			
	Yes [Prince or undergoing] [If yes, give veter or during of interacts) Yes [7]	19-01-7983 (U) Mrs. Rosie	Prather.	save as %	alore		
	18 CAUSE OF DEATH Enter unly one course per line					NTERVA, SETWEEN		
	PART I. DEATH WAS CAUSED BY	oronary occlus	ion			ONSET AND BEATH		
	4.20.0 DUE TO	The state of the s						
	Canditions of somewhat 2	Condition of the which a Control of Control						
	gave rise to immediate (1_0011080101001	o near o arece	A-40		unknown		
	course (a), stolling the Audit							
	FAM IF OTHER SIGNIFICANT CONDITIONS CO	ONTE BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	TION GIVEN IN PART	Hart 19 WAS AUTOPSY		
2	PART II OTHER SIGNIFICANT CONDITIONS CO					PERFORMED?		
	" I DOW ACCORDING WAS INCOMINANT OF JOSE OFFICE	RIBE HOW HAJURY OCCURRED	(Enter noture of injury in	Port or Port II of ite	m 18)	is a no		
	OR CONTRIBUTING CLAUSE OF DEATH				•			
		JURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	20f 15 the ne form	1 60	ounty) (State)		
	A Haur o. m While	Not white foc	fory street, office bldg. ex	1	7 (0	onuth (acoust		
		al work	13 100 .71-3	10	50			
	21 I settify that t attended the decease							
	alive on Rebruary 13 1259	day ond mai death	occurred at 5:152	ADDRESS (Street, sit)				
	ACTUAL SIGNATURE WAS ALL	1/)(11)_				DATE SIGNED		
	SIGNATURE	, , , , , , , , , , , , , , , , , , ,	ao III S. Nas	MAT HOEDILD	ar, min	2-13-59		
1	PHYSICIAN'S M. R. PLAUT, LT.	. MC. USX	Rethieds	14, Maryl	and			
	220. BL R A CREMATION 22b DATE THEREOF	22c NAME OF CEMETERY OF		E.		*****		
	B Tial Specify 2-17-59		_	22d LOCATION (C)		(State)		
	23 PUNERAL DIRECTOR'S SIGNATURE	Arlington N		Arlingt		Virginia		
	Bandy Charles There	undlan-		1	246 REGISTRAR'S SIG			



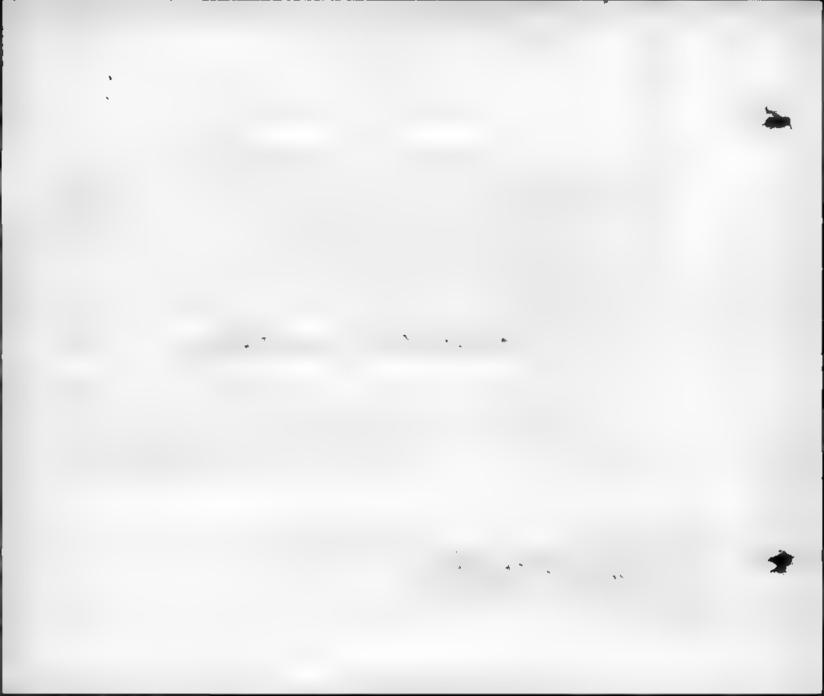
CERTIFICATE OF DEATH

Da-	Philade	94-	215
Keu.	DIST.	PHO.	

Mace of Death County Ifontgomery	MARYLAND	2 USUAL RESIDENCE (When	b COUNTY	n Residence before admission)
b C TY OR TOWN (If outside corporate limits, write RURAL and give neglect form)	E LENGTH OF STAY IN 16	E CITY OR TOWN (H but	Iside corporate imits, write Rt.	JRA's and give hearest town
Betiesda (Rural)	14 days	Fort Myers	<i>→</i> ∧	
d NAME OF HOSPITA. Enot in hospital, give street OR NSTITUTION		d STREET ADDRESS		e 15 RES DENCE
U. S. Naval Hospital		P.O. Box 112	25	ON A FARM? YES □ NO 🛣
3 NAME OF First	Middle		4 DATE Month	
(Type or prat) John	Edward	PRAYTOR	OF DEATH Febru	
5 SEX 4 COLOR OR RACE 7 MARI	RIED MEVER MARR ED	B DATE OF BIRTH	9 AGE (In years	FUNDER TYEAR F INDER 24 HRS
Male	ED DIVORCED	1-8-21	iost pinhday)	Months Days Hours Aim
100. US JAL OCCUPATION Give kind of work done 10b		STRY 1. BIRTHPLACE (Stote or	foreign country)	12 CITIZEN OF WHAT CO NERY
U. S. Navy		Alabama		U.S.A.
13. FATHER'S NAME		14 MOTHER S MAIDEN NA	ME	0.5171
Jone PRAYTOR		Edna GILCHE	RIST	
15 WAS DUCEASEDEVER IN L S ARMED FORCES? 16	SOCIAL SECURITY NO 17 B	NFORMANT	Addre	PH
Yes WWII-KORDAN	(w)	Mrs. Jeanne I	ravtor, same	as #2 above
B CAUSE OF DEATH [Enter only one couse per le	ne-for (o) 3b, and (c) 3	14101 00011110 1	10,001,001	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	0.11-		# /	ONSET AND DEATH
MIMEDIATE CAUSE (6)		COLD THE COLD	THE PARTY OF	
Candil and Lang which)			D	
gove rise to mmediate				
couse (a), stating the under-				
PART IL OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	a) Disease COMPITION CIVE	ALIAN RANGE A TORCK
7.A.T.	The same of the sa	TO SECULED TO THE TERMINA	AC DISEASE CONDINION GIVE	PERFORMED?
" 20- ACCORDENT WAS UNDOORNANCED TO JOH DES	CRIBE HOW INJURY OCCURRE	1 Ifoto ochura of muse un Po	et Lor Port II of dom 18 1	YES TO NO
(IF EITHER NOT FY MEDICAL EXAMINER)	THE TOTAL POPULATION	- true nouve or injery in re	in the real transition	
G Hour o. m. While	NJURY OCCURRED 20e PL	ICE OF INJURY (Home form, fory, street, office bldg., etc.)	20f (City or form)	(County) (State)
21 I certify that I attended the decens	ed from January	20 10 50 m Rel	TURTY 3 1059	that I last saw the decessor
				ad an the date stoted above
	Zzzyzy ona mor acom		PORESS (Street, city or lown. s	
SIGNATURE MI W. WOOD	70			
SIGNATURE.		MD Nava	l Hospital, N	MM. 1214109
PHYSICIAN'S M. W. WOOD, LCDR	, MC, USN	Bethesda 1	4, Mð.	
220 BURIAL CREMATION, 226 DATE THEREOF	27c NAME OF CEMETERY OF	CREMATORY 2	2d LOCATION (City fown or	Country) (Stole.
DB. T. I. Specify 2-9/89	Arlington	National	Arlington	Va.
24 FL NEVA, DIRECTOR SUGNATURE LES	ADDRESS		BY REGISTRAR 246 REGIST	RAR'S SIGNATURE
R.A. Pumphrey Exheral Home	, Bethesda, Md	DATE T	25 1	itin R to wa

thin 24 hours offer death. Page A. was director may be retained. The hospital or calending physical or property of the calending physician and completely filled in by the page 3 should be detached for use as the burion transit permit. Then please remove corban piers. Pages 1 and 2 shifter egistral prior to buriot cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PRYSTCIAN The law requires that the death conficule be executed w

TO FUNERAL DIX VS A15 (4) 15/4 10/57

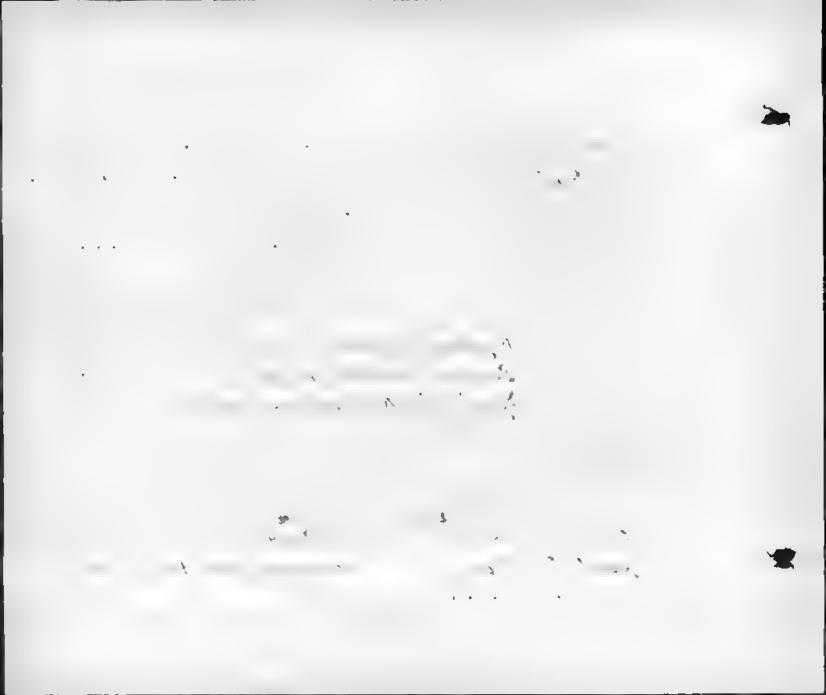


ARYLAND	STATE	DEPARTMENT	OF	HEA	LT	H-	BA	TIMO	DRE,	18	
									,		

2131 CERTIFIC	ATE OF DEATH Reg. Dist No. 211
I PLACE OF DEATH a COLNTY MARYLAND MARYLAND	2 USUAL RESIDENCE (Where decroved and Einstitution Equidence before admission) o. STATELIAR YLARD 6 COUNTY PINES 6 CT 26
b. CITY OR TOWN (If outlide corporate limits, write c LENGTH OF STAY IN 1b BURAL and give request town)	c. CITY OR TOWN (II outside corporate lights, write RURAL and give negres) lown)
d. NAME OF HOSPITAL (If not in hospital give street oddress), OR INSTITUTION LEARNING HER CARDER, SAR I FORICE MY	d STREET ADDRESS ADJUSTED BOX # 178 ON A FARING YES NOT
3 NAME OF DECEASED (Type or print) CYNTHIA RACHAEL	RABER OF DEATH FEB 179 195
5. SEX 6. COLOR OR RACE 7 MARKET NINGER MARKET DIVORCED TO	B DATE OF BIRTH P AGE (in years IF UNDER 1 YEAR IF UNDER 24 MI) O 1 1 - 1 4 - 1982 Min Months Days Hours Min
106. USUAL OCCUPATION (Give kind of work done) 105. KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (State of Mileton country) 12 CITIZEN OF WHAT COUNTY)
-JOSEPH BANE	FRISCILLA DYR
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (10 mm g) of property of the major of data of secretary secretary	ILLIS E RABER ROUTE#2- Box #178
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART II. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Atestual General age Interval Hesween
Conditions, If any, which) (b) Concerns the	rout à fretentain 6 mo +
gove rise la immediate course (a). Stating the under lying cause lost (c). The chief lange	3 mo,
[2]	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPS FERFORMED? YES NO [
	(Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e Pt 140er a. gr. Pp at work at work at work	ACE OF INJURY Mome, form 20! (City or Issue) (County) (Stolectory, street, office bidgs, etc.)
21 I certify that I attended the deceased from alive an 12 59, and that death	2, 1927, to 1947, 1927, that I last saw the decean accurred at 6:10 PM, from the causes and an the date stated about ADDRESS (Street, city or town, state) DATE SIG
SIGNATURE Kolent I That aslow	MD 10609 CONCERD ST Z-12-5
PHYSICIAN'S NAME (Type) ROBERT 220. BUR AL CREMATION (226. DATE THEREOF 1226. NAME OF CEMETERY OF	AD KENSINGTON AT DORESTON (CITY TOWN, OF COUNTY) (STate
BURIALI 2-4/-/759 C-TLIF	22d. LOCATION (City town, or county) (State,
CL CL CHAMBORS CO - 517-11.	1/ ST. DANEB 2 0 '59 C. Mar & Knowld



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2132 **CERTIFICATE OF DEATH** Reg. Dist No I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if initiation. Residence before admission a COUNTY Montgomery **6 COUNTY** Washington MARYLAND 5 CITY Oil TOWN I outside corporate mills write C LENGTH OF STAY IN 16 CITY OR TOWN (II oblude corporate limits, write RURAL and give nearest form). RURAL and give nearest town) Hagerstown Gaitheraburg d NAME OF HOSP TAL (If not in hospital, give street address) AS bury Methodist Home d. STREET ADDRESS E IS RESIDENCE ON A FARM? 131 E. Washington St. YES T NO T 3 NAME OF Markille DATE DECEASED (Type or print) Hester Virginia DEATH 9 AGE (In years IF UNDER TYEAR FUNDER 24 HRS MARRIED T NEVER MARRIED T 8 DATE OF BIRTH On hirthday) Months Famale White Oct. 1st. 1868 DIVORCED [7] WIDOWED IN 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole of foreign country) 12 CITIZEN OF WHAT COUNTRY? House wife Garrett Co. near Oakland II-S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip Doffort Rachel Miller IS WAS DECEASED EVER IN ... S. ARMED FORCES? 16 SOC AL SECURITY NO 7 INFORMANT Address 8 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions if any which ! gove rise to emmediate DUE YO couse (a), stoling the underlying couse lost TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS I PERFORMED? YES NO F 200 ACCIDENT WAS INDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT BY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, , 20f. (City or town) 20c TIME OF INJURY Month. 20d INJURY OCCURRED (Countri) (Stote) factory, street office bldg, etc.) White Not while of work at work 1957, that last saw the deceased . 1956 to 21 I certify that I attended the deceased from . 4 , and that death occurred at 8. 45 AM, from the causes and on the date stated above. ACTUAL SIGNATURE ... MO 10128 Cen PHYSICIAN'S Sarah E. Glover, M.D. NAME (Type) 770 BURIAL CREMATION, 276 DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 228 LOCATION (City fown, or county) REC D BY REGISTRAR 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

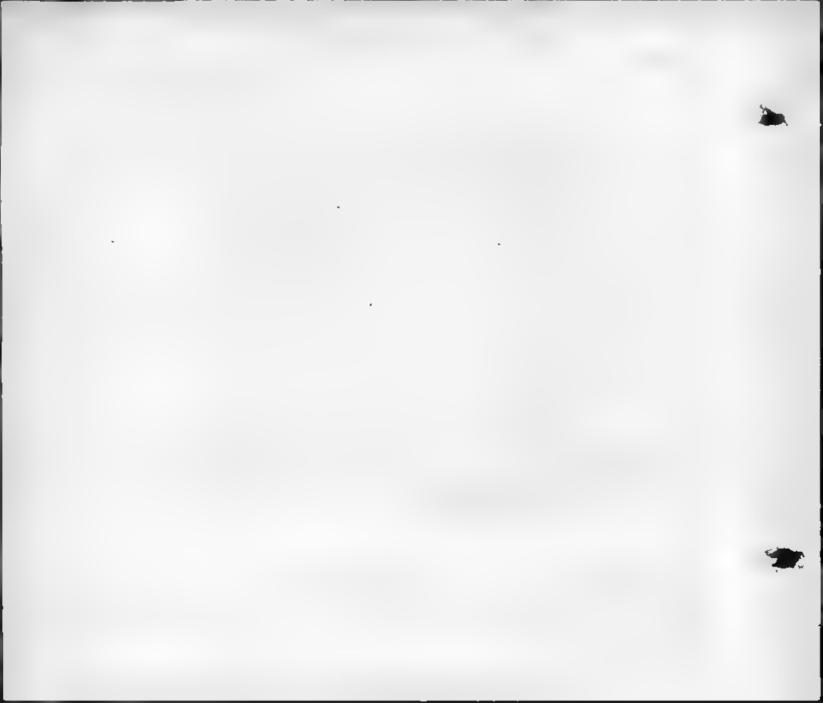


Reg. Dist. No.

)-			9			Keg. UHT. NO	j		
		LACE OF DEATH MONTGOMERY	MARYLAN	I M STATE SAA SET	AND b COUNTY				
	ŧ	C TY OR TOWN (If outside corporate limits. RURAL and give nearest form) TAYOMA PAT K	68 days		CCITY OR TOWN (II outside corporate limits, write RuRAL and give nearest town) TAKCHIA PARK				
	*	OR NETT-TION WASHINGTON S	en attach Address.	d STREET ADDRESS 6908 WES	TMORELAND AVEN	NJE	IS RESIDENCE ON A FARM? YES NO		
	- (NAME OF FISH DECEASED (Type o print) HEN		Last RAY	4 DATE MOODE OF DEATH FEE		y Year 3 19 59		
	5. 5		MARRIED NEVER MARRIED WIDOWED DIVORCED	JAN. 21, 18	85 PAGE (in years tast birthday) 74 yr	Months Days	R F LNDER 24 HRS.		
1		USUAL OCCUPATION (Give kind of work do during most of working life were if refired) LETTEP CAPRIER	U. S. POST OFFI	MAL VIT A33		U.S	A.		
1	13	FATHER'S NAME EMORY F. G. RAY		14 MOTHER'S MAIDEN N ELIZABETH	NAME ELLEN WARD				
		WAS DECEASED EVER IN U. S. ARMED FORCE (If you, give not or done of terri	Pura)	INFORMANT Irs. Plorence R	ay, 6908 Westr				
		PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE (0]. To Due TO Conditions if any which gove rise is immediate couse (a), if along the under- lying couse (a).	M 1 ocas	ne Herre dial De yarteny	forction Disease	2	SET JOD DEATH		
7	CEPTIFICATION	Corel Tel (Chambosi	7		VEN IN PART I(o)	PERFORMED?		
	- 1	200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF E THER NOTIFY MEDICAL EXAMINER)	RIG DESCRIBE HOW INJURY OCCUI	RRED (Enter nature of injury in l	Part Lac Part L of stem 18.)				
	MEDICAL	20c TIME OF INJURY Manth, Day Year Nour o.m. p. m 19	20d INJURY OCCURRED 20e While Not white of work	PLACE OF INJURY I Home, form foctory street office bldg. at:	(20f (City or town)	[County]) (Stote)		
		21. I certify that I attended the d alive an Letter of actual signature of actual sign	c /2 /2	oth occurred at 7. A	M, from the causes of ADDRESS (Street city or hown	and an the do			
/		PHYSICIAN'S SANFORL	5 J. RAN	DALLAD			, , ,		
	720	BUR AL CREMATION. 226 DATE THEREOF	UNION CEMET		22d LOCATION IC IN TOWN	or county	(Stote)		
	23	FUNERAL DIRECTOR'S SIGNATURE WALL N R E. PI MPHILLY, I	INC. SILVER SE	W W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EB 5 '59	ISTRAR 5 SIGNATU	RE		
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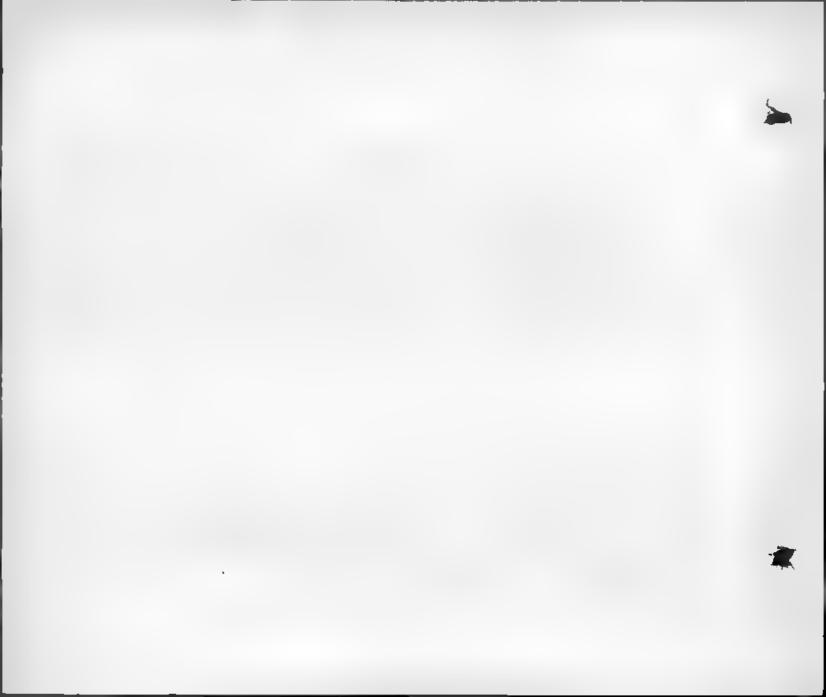
TO HOSPITAL OR ATTERMINES PHYSICIAN. The dw requires that the death certificate be executed within 24 hours often death. Page 4 may be retained. The hasp to an arrending physician on physician on completely filled in by the need of rectain page 3 shauld be alterned for use as the bursh transitiperm to Them places remove carbon papers. Pages I and 2 shauld be alterned for use as the bursh transitiperm to Them places remove carbon papers. Pages I and 2 shauld be the pages of a bursh transitiperm to a new sevent with n 72 hours offer death. VS A15 (4) 15AI 9755

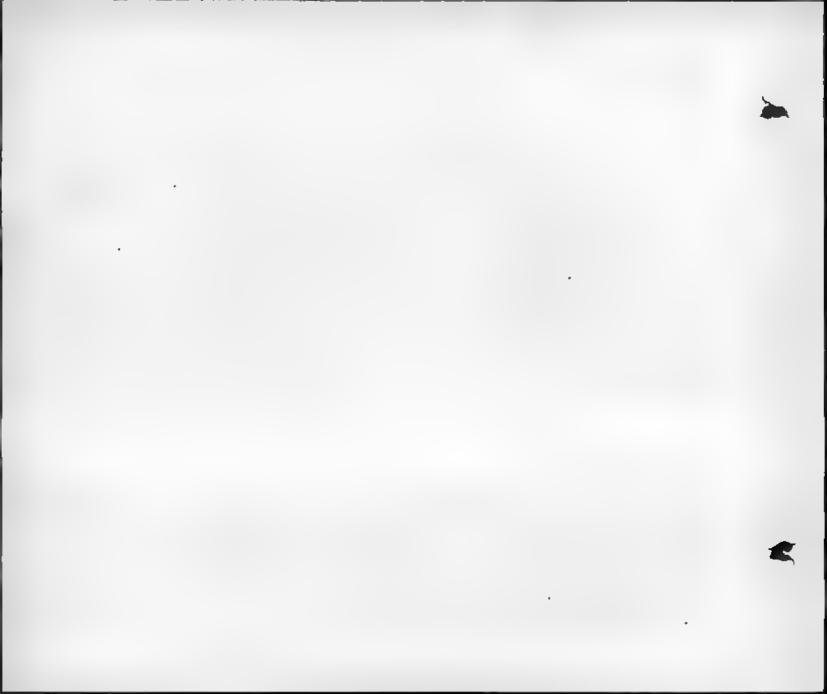
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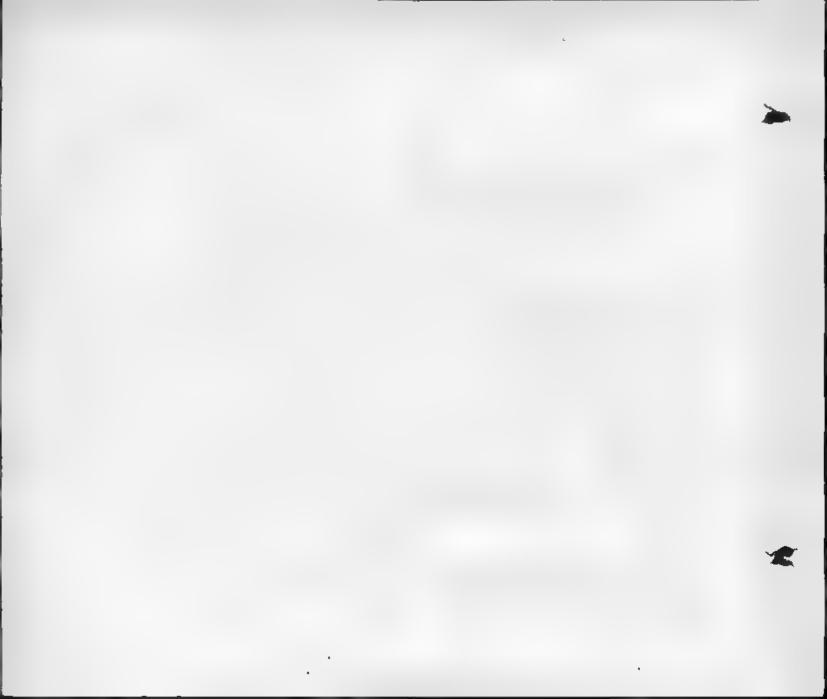
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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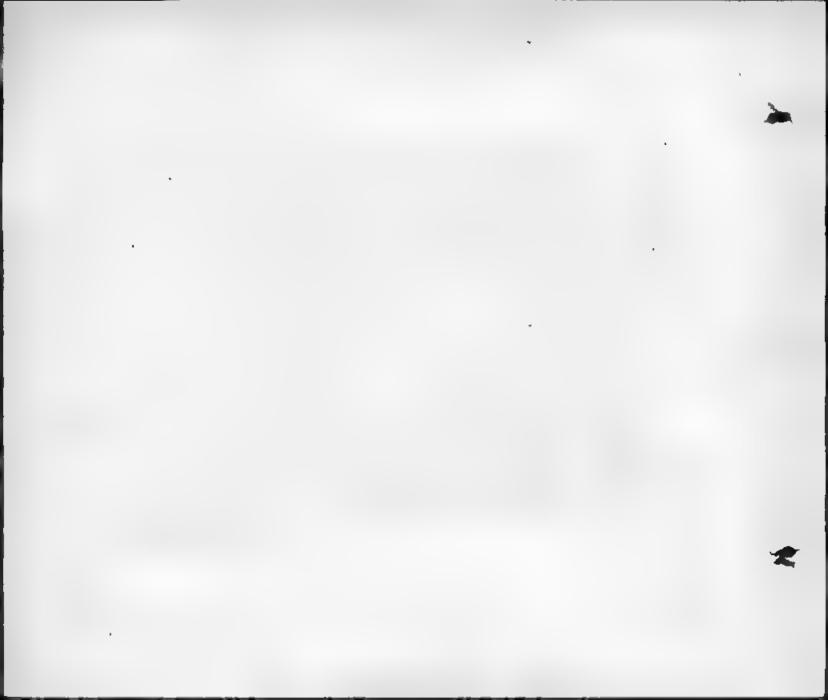




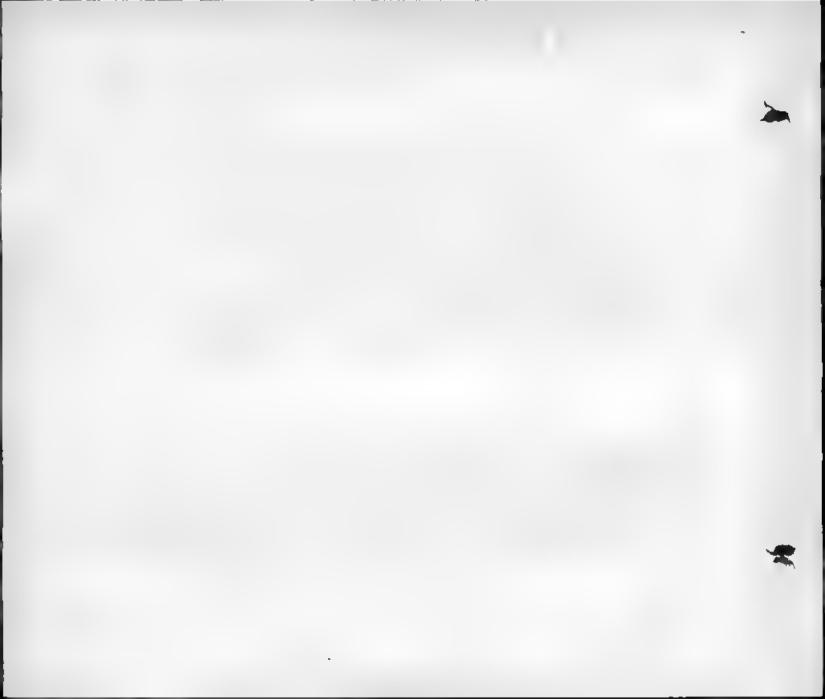
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2137MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist No. 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) PLACE OF DEATH a. COUNTY a STATE 5 COUNTY & CITY OR JOWN at c JENGTH OF STAY IN 16 c CITY OR TOWN (Bl outside corporate limits, write RURAL and give negretal town) AL OR HITH d STREET ADDRESS d NAME OF HOSP of in hospital, give stry() address) ON A FARM? YES DIO TO 3 NAME OF First Middle Month DECEASED 19 37 DEATH (Type or print) IF UNDER TYEAR, IF UNDER AND 9 AGE in year 5. 5EX COLOR OR RACE MARK ED NEVER MARKIED B DATE OF SIRTH Months Doys House J WIDOWED IN DIVORCED [12 OT ZEN OF WHAT COUNTEY? 10a. USUAL OCCUPATION. Give kind of work done. 06. KIND OF BUSINESS OR INDUSTRY during most of vigriting life. even if retired) 13. FATHER'S NAME Form SOC AL SECURITY NO 17 INFORMA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? EVAL BOTWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c) CONST AND DEA H PART) DEATH WAS CAUSED BY-MMEDIATE CAUSE (O) Office DUÉ TO Conditions of any which; gave rise to immediate couse **DUE TO** (a), stot no the underlying PART II OTHER SIGN FICANT CONDITIONS CONTRIGITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19 WAS ALTOPSY PERFORMED? 2:0 P 200 EXTERNAL CA JSE WAS
PR MARY OF OF CONTRIBUTING OF 2012 DESCRIBE HOW IN RY OCCURRED Enter noture of injury in Fact I or Port II of Iem 18.) 20c TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED Like PLACE OF NUMBY (Home form 20f (City or town) (County) Sigre factory street, office bldg., etc.) White Not white e. m. of work of work D. III. 21 I certify that I took charge of the remains described above held an Autopsy Inspection K. opinion death resulted from Natural causes X Accident ... Suicide . Hamicide . Undetermined manner DATE SIGNED DIRE ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [7] DEPUTY MEDICAL EXAMINER TO NAME (Type) 220 BUR A. CREMATICIN 726 DATE THEREOF 22d. LOCATION IC by Jown, or county). (Slote) REMOVAL (Specify) Washington, Cemetery buria. N. W 240 REC D BY REGISTRAR 246 REGISTRAR S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE VS A SME Company Hines " & Through 5M 2 57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2138 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg Dist No. 2 USUAL RESIDENCE (Where deceased lead if institution Residence before administration) PLACE OF DEATH a_COUNTY D STATE **6 COUNTY** S. F. Montgomery_ MARYEAND Maryland Montgomery b. CITY OR TOWN III actuals corporate limits write thinks C LENGTH OF STAY IN 16 Bethesda X Bethesda & STREET ADDRESS WE LE " d. NAME OF HOSP TAL OR INSTITUTION (If not in hosping, give street address) 0 0 ON A ARM 5501 Charles Street YES NO 5501 Charles Street DATE 3 NAME OF Middle DECEASED Clifford R. Ricketts "ype o pent] TE INDER LYEAR IF UNDER 24 HS 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED 1 B. DATE OF BIRTH 9 ACE In years 55 hadev) March 3, 1903 Male White W DOWED [] DIVORCED [] pun W CH ive Pages 1, 2, and form PM3 Page 5 190 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 1 & RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even it stired) Accounting Maryland US 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Maude Fisher David Ricketts 10 mg/m 15 WAS DE CASED EVER IN & S. ARMED FORCES? 6. SOC AL SECURITY NO 12 INFORMANT No. 5 Mildred T 1 Ricketts-Item # 2 N'EDVA DE A A ... 18 CAUSE OF DEATH Ente only one come per line for .o., [b], and (c) olong 1.1 per sudden Coronary occlusion PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 420.1 s Office of by DUE TO Conditions I any which gave rise to immediate cause DUE TO (o), storing the underlying ĕ PART (I. OTHER SIGNIFICANT CUNDITIONS CONTRIBLE TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LO 1/9 WAS AUT 1957 est Exar CERT FICATION PERFORMED? U NO T 8 should be a TOO EXTERNAL CAUSE WAS PR MAST OF DEATH. 20b. DESCRIBE HOW INSURY OCCURRED Either notice of injury in Port La. Purt Laf term 18.) 20c TIME OF INJURY 20d INIURY OCCURRED 4De PLACE OF INJURY Home form. 201 (City or town) Month Day Year Stoler factory, street, office bldg., etc.) Not while U of work of work 8 0 p m 2) I certify that took charge of the remains described above, held an Autopsy 🗍 rispection 25, and in my 0 opinion death resulted from Natural causes 🔭 Accident 🔝 Surcide I Hamicide | undetermined manner DATE SIGNED ACTUAL ALD CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Should DEPUTY MEDICAL EXAMINER N 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Store) BURIAL CREMATION 1276 DATE THEREOF REMOVAL Spe Suitland, Maryland Burial 40 Cedar Hill 240 REC'D BY REGISTRAR 246. REC STRAP 5 SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE VS. ATSME Robert A. Pumphrey-Bethesda, Maryland 5AL 2 57



1 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE	Reg Dist No
SEALIS DET I.	2 USUAL RESIDENCE (Where deceased lived if implifyhon Residence before odm is an) a COUNTY in CO
50 S 2 4 4	MAIYLAND MEL MING
- F	b CTY OR TOWN (If autiside compared him to write RURAL and give informal lowin)
200	Litizer apring 25 yrs Letter spring
الم	d. NAME OF HOSPITAL OR MISTITUTION IF no in hospital, a ve street bodiess)
* 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 433 Grays Jane 933 Trayer Lane 150 NOR
6 6 6 6	3. NAME OF DECEASED 24 First Middle Loss 4 DATE Month Doy Yea
20 0 0 T	(Type or print) Licelda Evelyn Risas BEATH 2-17 1959
60 A 4 B	3. SEX 4 COLOR OR RACE 7 MARRIED NEVER MARR ED NEVER MARR ED TO BETH PAGE IN MONTH TEAR F. NOTE 24 P
- T E 3 E	9-1-0 Dete WIDOWED DIVORCED 1 2-25-1897 16/ YIL Months Days Hours MA
2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P	100. USUAL OCCUPATION (Give kind of work done 10b RIND OF BUSINESS OR INDUSTRY 11 B RTMPLACE (State to foreign country) 12 CIT ZEN OF WHAT LO N. PY? 12 CIT ZEN OF WHAT LO N. PY?
P 2 4	Romanofe Own home Maryland A1.S.C.
# 5 C C C C C C C C C C C C C C C C C C	13 FATHER ! NAME
Pod S	1 Nm Gray Rose Bosonica
E o o o	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (You, no, or orbitalism) 1 (if you are only of the orbital)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	no none Marthat Blevers - Item 2
1000 単元日	B CAUSE OF DEATH , Enter only one course per line for o), (b), and (c)
P P P P P	MART DEATH WAS CAUSED OF COZMORY occlusion Sudden
8 6 9 6 9	4 , DUE TO
a dela	Cond and it only which) (b.
d de la	gave as to immediate count [,a], stoling the underlying DUE YO
Pool of	coute last (c)
and	PART OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA DISEASE CONDITION GIVEN IN PART 1(1) 19 WAS AUTOPSY PERFORMED?
8 5 5 6	YES CON NO DO
die die	200 EXTERNAL CAUSE WAS ZOO DESCRIBE HOW INJURY OCCURRED Enter nature of snigrry in Port for Port I of Hem 18.
M. M.	CAUSE OF DEATH.
E 2 2 2 2	20c TIME OF SINJURY Month Day Year 20d INJURY OCCURRED 20e PLACE OF Shuller form 20f [City or fown) (County) (State)
Na San San San San San San San San San Sa	While Not while Factory: Event, affice blog, etc.)
P009	27 I certify that took charge of the remains described above held on Autopsy nspection (4), Inquiry (6) and any
X	opin on death resulted from Natural couses . Accident . Suicide . Hamicide . Unde eim ned monner
₹ 5 8	
Led RE	SIGNATURE JOSE & STANKELT M.D. CHIEF MEDICAL EXAMINER []
¥ 0 % m Q	ASSISTANT MEDICAL EXAMINER [
des des	NAME (Type) FLANK J. BLOSCHALT DEPUTY MEDICAL EXAMINER B 2-17-59
1 2 2 2 E	220 BUR A CREMATIC N 225 DATE INFREOF 224 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or county) (Stole)
0 000	BURIAL 2/20/59 ST. MARY'S CEMETERY ROCKVILLE, MONTGOMERY COUNTY, MD.
Ve alsas	WARNER E. PUMPHREY. INC. SILVER SPRING, MD. 246 REC'D BY REGISTRAR 246 REGISTRAR 5 SIGNATURE
5M 7 57	Auginstall in Jose Pal
	L / Washington



Silver Spring, Md.

DATE-

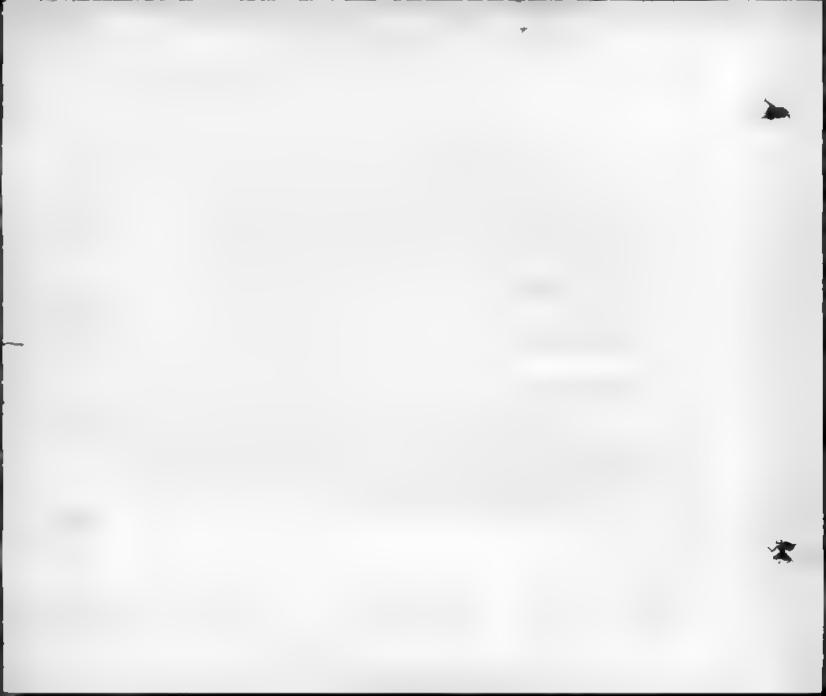
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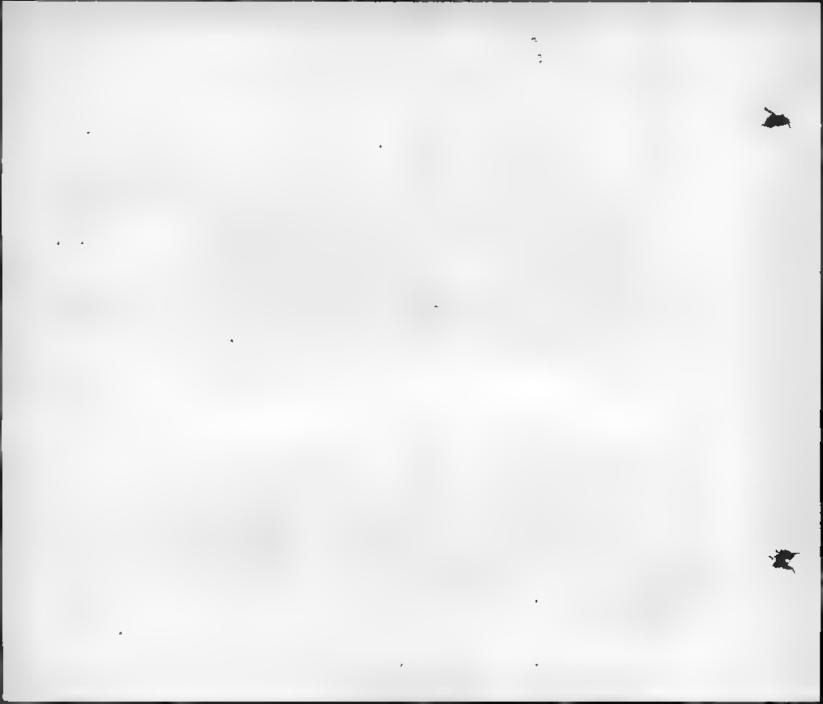
Junt 2 Note



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2004 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if natitution Residence before admission) · COUNTY o STATE P P b. COUNTY MARYLAND MONTGOMER b. CFTY OR TOWN of outside corporate limits, write ELENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) lown) RURAL and give nearest town) YEARS TAKENS d. NAME OF HOSPITAL (If not in hospito), give street address) d STREET ADDRESS IS RES DENCE OR INSTITUTION ON A FARM? CHATIMORK YES TO NO DE NAME OF Middle 4. DATE Yeor DECEASED OF ELEANER (Type or print) 195 5. SEX 6. COLOR OR RACE | 7 MARRIED THE NEVER MARRIED TH 8. DATE OF BIRTH 9 AGE (In years FUNDER! YEAR IF UNDER 24 HRS (ost hirthday) Mon hu Doys Min DIVORCED (TO GAWOOIW. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life even if retired) (50 V ofler 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI 16. SOCIAL SECURITY NO Address 5AME No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] NTERYAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) , 0 DUÉ TO / 6 Conditions, if any, which gove fits to immediate cotto (a), stoting the under 20 ying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DISEASE CONDITION GIVEN IN PART Lo: 19 WAS AUTOPSY PERFORMED? YES NO K 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Hum 18.) 20e PLACE OF INJURY Home form. 20f (City or town) 20c TIME OF INJURY Month. 20d INJURY OCCURRED Doy Year (County) (State) factory, street, office bldg., etc.) Hour o. m. White Not while of work at work p. m. 10 man 21. I certify that I attended the deceased from... Pauma 1947 1952, that I last saw the deceased and that death accurred at (2:30 AM, from the causes and on the date stated above ADDRESS (Street/sc-ty or lown, state) ACTUAL SIGNATURE PHYSICIAN'S Wos (C) Ò NAME (Type) たぎりる FUNER 22b. DATE THEREOF 220 BURIAL CREMATION, 22c NAME OF CEMETERY-OR CREMATOR 22d LOCATION (City thinks, or country) REMOVAL (Specify) o 23. FUNERAL DIRECTOR'S-SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 .41 DATE 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



2005**CERTIFICATE OF DEATH** PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived - I institution. Residence before admission) & COLNTY . b. COUNTY MARYEAND b. CITY OR TOWN of audide corporate limits write. VE LENGTH OF STAY IN TH c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rule and give nearest town d NAME OF HOSPITAL (If not or hospital, give sites) address) d STREET ADDRESS NAME OF Maddle DATE DECEASED OF DEATH [Type or print] 5. SEX 6 COLOR OR RACE MARRIED T NEVER MARRIED T 8 DATE OF BRITE P AGE (in years (gs) birthday) DIVORCED [WIDOWED M 10s. USUAL OCC. PAT ON 'Gree kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (Stole or foreign country) ROTE TAN (Retired) Elite Laundry 13 FATHER'S NAME IA MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURTY NO 17 INFORMANT Address 579-01-6525 CAUSE OF DEATH [Enter only one county ne for "b" and triy PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions if pay which gove city to immediate DUE TO course (a) staling the underlying couse lost PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p. 19 WAS A. TOPSY 298 ACC DENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW NAURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 18.) 6 AEDICAL 20e PLACE OF NEURY Home form 20f (City or lown) 20c TIME OF INJURY Doy Year 20d INJURY OCCURRED loclory, street, office bidg., etc 5 Hour o. m. White: Not while of work To at work 27 I certify that's attended the deceased from that I rast saw the deceased alive an_ and that death accurred at M, from the causes and on the date stated above ADDRESS (Skeet city or lown ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 226 BL R AL CREMATION : 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 278 LOCATION (City TOWN. Or county 2/12/59 REMOVAL (Specify) Geo. Wash. Mcm. Cemetery Prince Georie County, Md. BI + TAI 0 23 FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 245 REG STRAR'S SIGNATURE SITUER SPRING, MD.

V5 A15 (4) ISM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

S RESIDENCE ON A FARM? YES 📉 NO 🔀

Year

FUNDER 1 YEAR IF UNDER 24 HES

Hours

12 CIT ZEN OF WHAT COUNTRY?

MTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO [

> > (State)

DATE SIGNEÓ

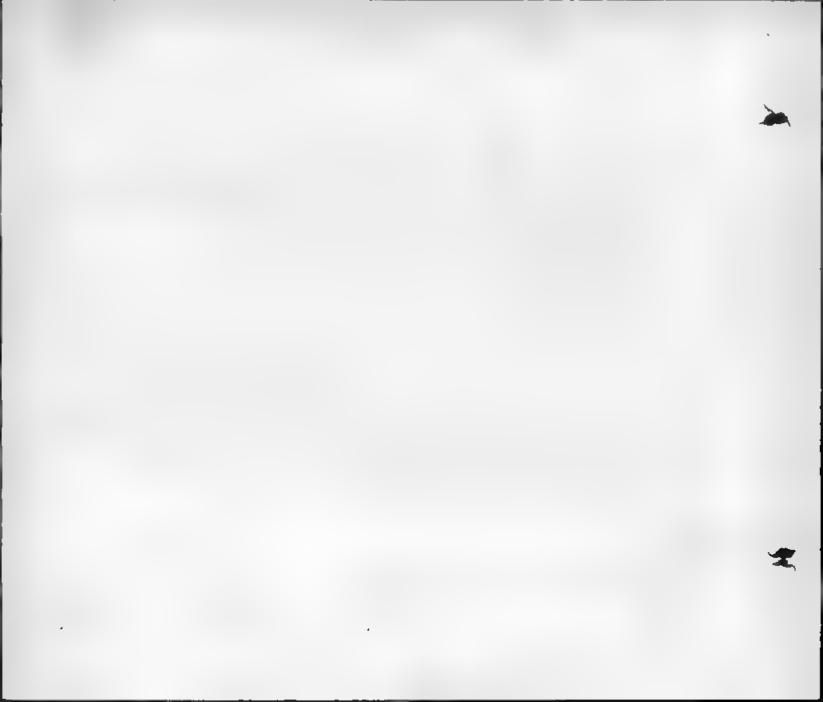
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(County)

19 5

Reg. Dist. No.

Months.



a NAME OF MOSETAL OR INSTITUTION (I not a hospital give triest address)

Calvin W. Schaeffer

TOO. USUAL OCCUPATION (Give kind of wait done 106 KIND OF BUSINESS OR N

White

6 CO OR OF RACE | 7 MARK ED 12 NEVER MARRIED [

MIDOMED [

15 WAS DECEASED EVER IN L. S. ARMED FORCES? 6 SOC ALSEC INITY NO. 17 INFORMANT

Silver Spring

J NAME OF

5. SEJC

DECEASED (Type or print)

Male

Retired

13. FATHER'S NAME

2917 Columbia Blvd.

during most of working rife, even if retired)

D ID

JASPER E. SCHAEFFER

PERFORMED?

N'77

State

YFS 🔲

(County)

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2 MISUAL RESIDENCE (Who	ere deceased fived	the my totale of	lus dence belo	re adn. ision)	
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FREDERICK	, MARYLAN	AD]	U. S.	A.	
14 MOTHER S MAIDEN NA	ME				
SARAH E. S	TOCKMAN				

Add tess

YES 577-18-9758 Mrs. Josephine M. Schaeffer, 9205 2nd Ave. Silver Springs Hdy 18 CAUSE OF DEATH | Enter only one course per line to (a), (b), and (c) } PART DEATH WAS CAUSED BY-Coronary Occlusion sudden IMMEDIATE CAUSE IN 400.1 DUE TO Conditions if any, which serve rate to immediate come DUE TO (e), stoting the underlying)

couse for! FART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIGITH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART BY 9 WAS AUTOPSY

DOA

Murkita

DIVORCED [

U.S. NAVY

Lt. Commander

200. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH, 20b DESCRIBE HOW NAJRY OCCURRED. Enter nature of injury in Part Lor Part Tof. Iem 181

20s TIME OF NURY Month Day Year 20d INJURY OCEURRED 20e PLACE OF INJURY (Home form 20f (City or fown) lactory street, office bldg atc.) While Not while.

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21 + certify that I look charge of the remains described above held on Autopsy ... Inspection K. Inquiry K.

apin on death resulted from Natural calises 🖪 Accident 🗍 Suicide []. Homicide []. Undetermined monner []

M.O. CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE

ASSISTANT MEDICAL EXAMINER T Feb. 24, 1959 NAME Type Frank J. Broschart DEF ITY MEDICAL EXAMINER 720 B , F AL CREWAT ON 726 DATE THEREOF 22d LOCATION (City town or county) 22k NAME OF CEMETERY OR CREMATORY (Sigle)

REMOVAL Pipe It ARLINGTON NAT'L. CEMETERY BURIAL ARLINGTON, VIRGINIA ADDRESS 73 FUNERAL DIRECTOR'S SIGNATURE 240 REC D BY REG STRAR 246 REGISTRAR S SIGNATE RE WARNER E. PLMPHP&Y, INC. SILVER SPRING, MD.

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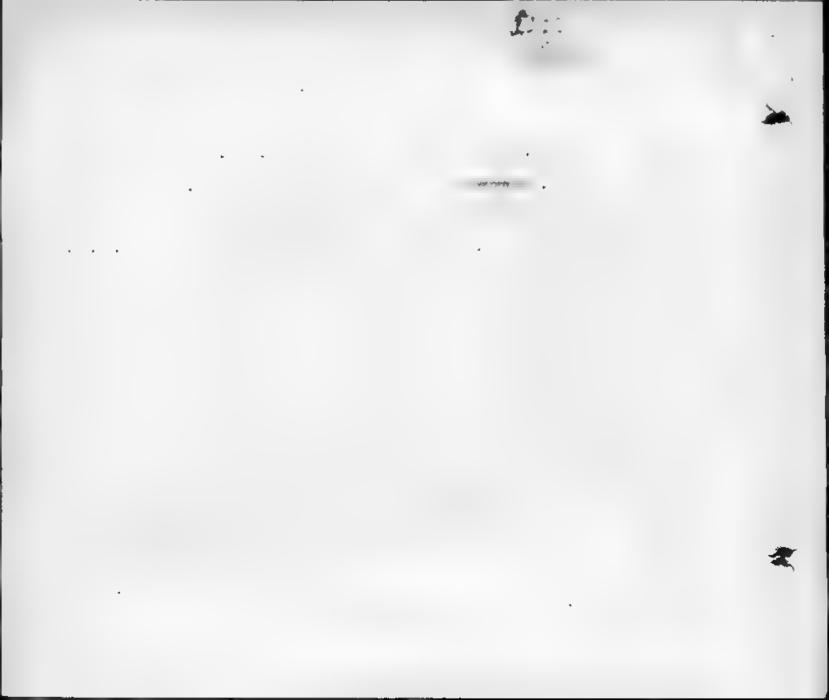
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OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 2006 Reg. Dist. No. PLACE OF DEATH 2 USVAL RESIDENCE (Where deceased lived. If intribution, Relidence before admission) · COUNTY o STATE **B COUNTY** MARYLAND b CITY OR TOWN (If outside corporate limits, write: E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RuRAL and give nearest lowe) NAME OF HOSPITA, If not in hospital & STREET ADDRESS . IS RESIDENCE YES TO NO TO NAME OF DATE Middle Month DECEASED OF DEATH Type or print cac. 6. COLOR OR RACE | 7 DATE OF BIRTH 5 SEX MARRIED FT NEVER MARR ED AGE (n years IF UNDER I YEAR IF UNDER 24 HIS lost bushdoy) Months Hours WIDOWED [7] DIVORCED T 190 USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUS NESS OR INDUSTRY 11 8 RTHPLACE (State or foreign country) 7 CT ZEN DE WHAT COUNTRY? during most of working life even if retired) 4 Char V offer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Millian 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 IMFORMANT Add-ess INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF CEATH [Enter only one couse per PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if any which gove rise to immediate DUE TO couse (a), stating the under lying couse lost PAIN II. OTHER SIGN: FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10, 19 WAS AUTOPSY PERFORME 02 13 TES | NO | 20s. ACC DENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part For III of Illam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20d. NUBRY OCCL RRED Day Year 20e. PLACE OF INJURY (Home, form, 20f (City or lown) (County) (Stole) Not white factory street office bidg. etc.) Hour o m Whale of work | of work 2) I certify that Lattended the deceased from that I last saw the deceased , and that death accurred at 1.30 (alive an M, from the causes and an the date stated obaye ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 276 BL RIAL CREMATION, 1226 DATE THEREOF ZAC NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or county) (\$1014) REMOVAL ISPACINI 12+1 Murax 23 FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE C. Thur & Health DATE- EB . 3

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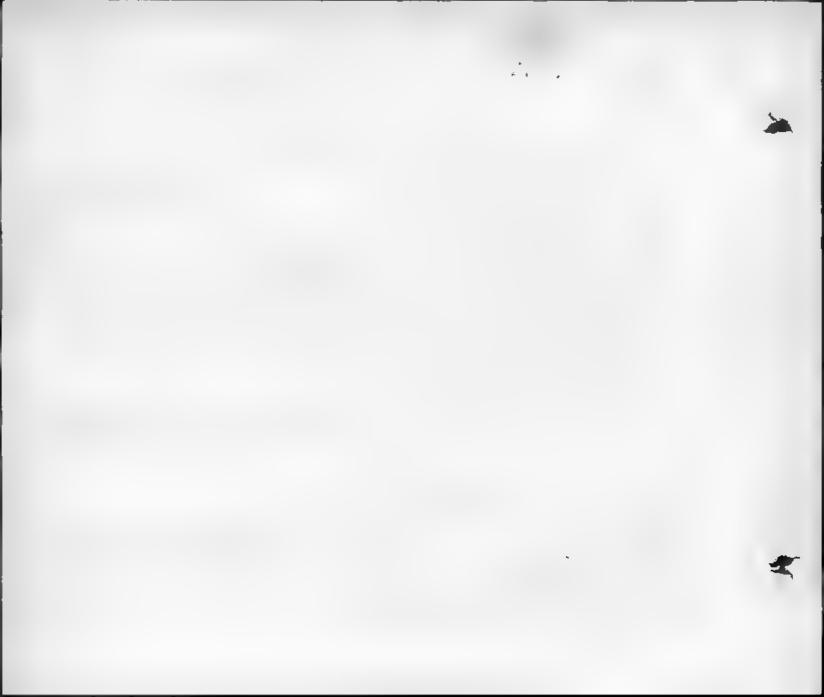
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2143

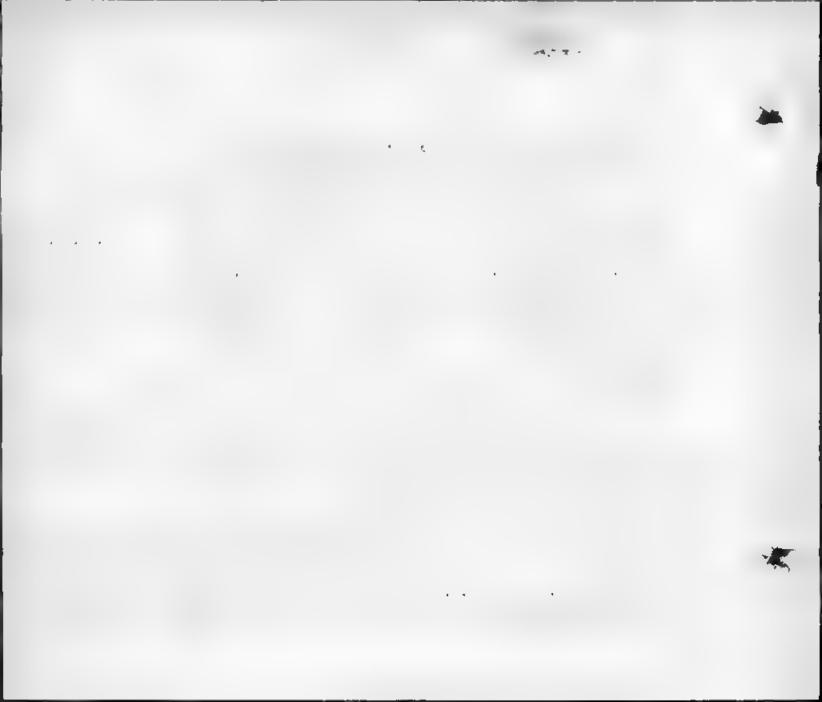
CERTIFICATE OF DEATH

02123 Red Dist. No.

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	IAE (If not in hospital, s	give street o			d. STREET ADDRESS / e IS RESIDENCE						
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3 NAME OF	F	raf	Middle		pst last	4 DATE	Mon	- Ih	Dov	Yec	
(Eype or print)	Ott	ice	Roddem	SCHEI	T.E	DEATH	Febr.	aarv	10	1959	
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13. FATHER'S NAME				IA MOTHER	S MAIDEN	NAME					
William SC	HETLE			Alic	e LAN	E					
15 WAS DECEASED EVE			SOC AL SECURITY NO	17 INFORMANT			Add	1693			
yes	1931 to 19	58 1-2	0-52-544-5	(W) Mrs.	Dorot	hy Sche	eile, sam	ne us	#2 at	ove	
18 CAUSE OF DEA	LTH Enter only one co	ouse per hin	e for (a), (b), and (c,]							BETWEEN	
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1	and more										
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S PART II. OTI										ERFORMED?	
20d. ACCIDENT WAS OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	TRIBE HOW INJURY OCC	URRED (Enter noture	of injury in	Fort (or Port	(of item 18)				
No. TIME OF INJUR Hour o. m. p. m.	Y Month, Duy, Ye	White	UURY OCCURRED 20	foctory street, offi	(Home, form ce bldg., etc	m. 20f (City	or town)	lo	lounly}	(Stole)	
27 I certify th	at 1 attended the	decease	d from Januar	y. 29., 1959	to F	eb <u>r</u> ua <u>r</u> j	y 10 1959	that L1	ast saw t	he deceased	
alive on Feb	rusry 10	, 12.5	2 and that d	eath accurred a	10:0	OPM, fran	the causes o	nd on th	e date s	tated above	
	100	1/	,			ADDRESS (Sh	rest, city or lown,	stote]		DATE SIGNED	
ACTUAL SIGNATURE	$+ L \angle$	400	4 ans	мь О. 9	Nav	al Hosp	pital, M	L.C	- S-	11-59	
PHYSICIAN'S NAME (Type)	J. T. HORG.	an, i	JDR, MC, US			14, Ma:					
220 BLWA CREMATIC	N. 276 DATE THEREC)F	22L NAME OF CEMETE	RY OR CREMATORY		228 LOCAT	KIN IC by town, o	or county)	:	(State)	
Bur Le I			Arlington	National		Arli	neton		Vir	inia	
23 FUNETAL DIRECTOR	S SIGNATURE	tenn	ADDRESS			O MY REGIST					
R. A. Pumph		1 Hor	e, Bethesda	, Md.	DATE	B 1 3 59	1	7 8	Traval		



15M 9755





27¢ NAME OF CEMETERY OR CREMATORY

Betnesda, Maryland

ADDRESS

Parklawn Cemetery

22d. OCATION 'City fown or county)

59

240. REC'D BY REGISTRAR

DATE MAR 2

(\$1010)

Maryland

Khur & truck

26 REGISTRAR'S SIGNATURE

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5 SEX

720. BUR AL CREMATION

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

276. DATE THEREOF

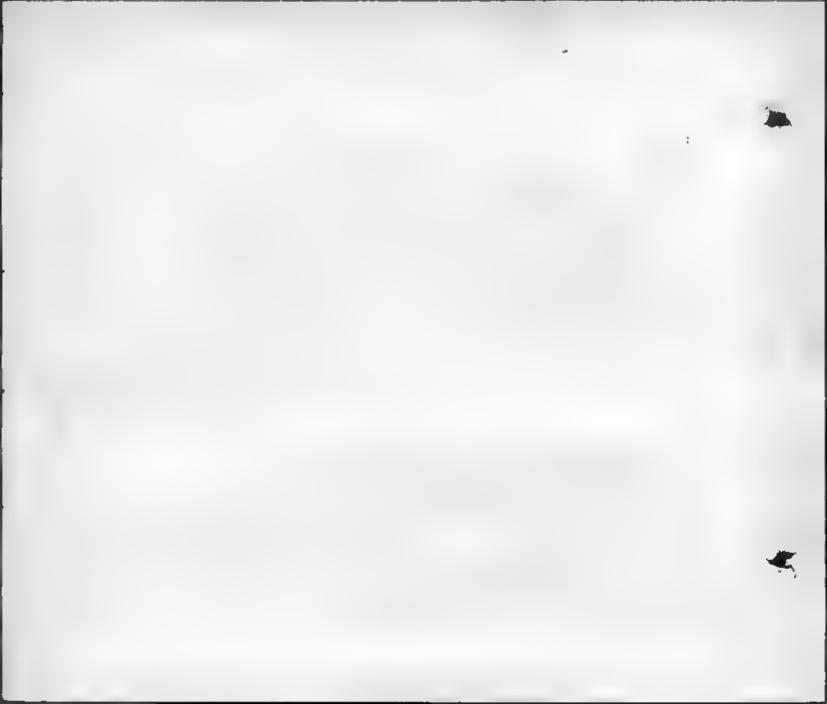
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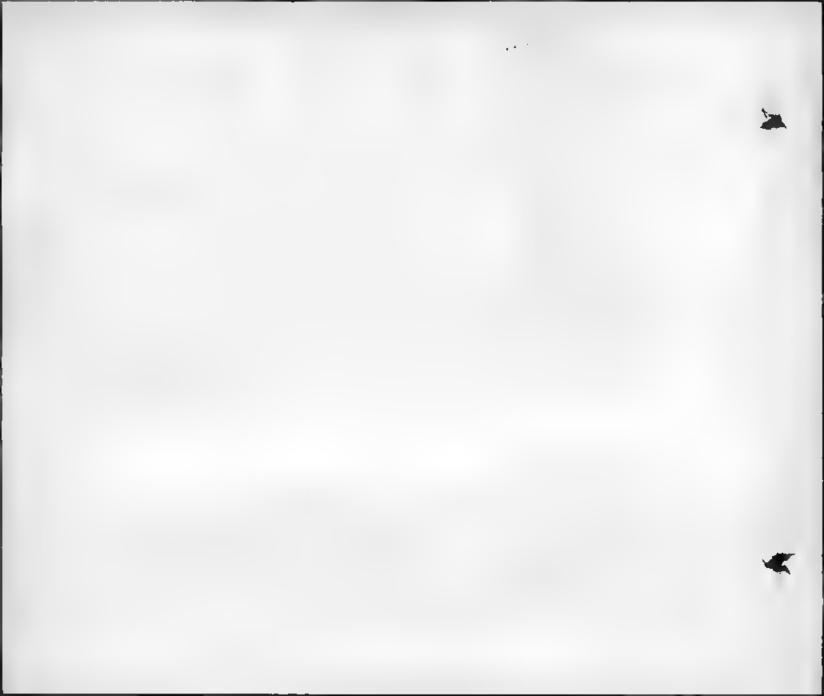
- 1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STA			2147 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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aller des	-	ರೆ	D.C" U.S.A. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
thours on PAM.	9	5	Sidney Shulman WAS DECEASED EVER IN U. S. ARMED FORCES? THE SOCIAL SECURITY NO. 117 INFORMANT Addison
alba 2		T 94,	Is cause of Death [Biller only one cause per line for .ot (b., and (c)]
o here to here to along to and			PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (0) _ CASPLEY COLL
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EXAM End to TOR Po			2) I certify that I took charge of the remains described above held an Autopsy I Inspection . Inquiry and in my apin on death resulted from Natural causes . Accident . Suicide Hamicide . Undetermined manner .
E No.			STONATURE FRANCE BLOSCHOLD M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
e he or be		220	EXAMINER'S FLANK J. Broschat DEPUT MEDICAL EXAMINER D. 2-11-59
01 01 01 01 01 01 01		73	ANDREA CREMAT ON 1226 DATE THEREOF 224 NAME OF CENTERY OF CREMATORY 224 (OCATION C TY TOWN OF COUNTY) 1910/10 LITTLE OF THE TOP COUNTY) LYNERAL DIRECTOR 5 SIGNATURE 1 ADDRESS 240 REC D BY REGISTRAR'S SIGNATURE
rs A15ME BM 2 57		E	istelling terrered Home 42 97 945 to month FEB 1: 3

CERTIFICATE OF DEATH Red. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If militation, Residence before admission) o. COUNTY 6 COUNTY MARYLAND 1115 b. City Of TOWN (If a flude corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (M outside corporate fimile, write RURAL and give negres) town) RURAL and give regrest town) minutes d. NAME OF HOSPITA, (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OF INSTITUTION ON A FARM? YES NO Z NAME OF Furst Middle DATE Month Yeer DECEASED OF (Type or print) DEATH 19 2 111 6. COLOR OR RACE 7 MARRIED A NEVER MARRIED 5 SEX DATE OF BIRTH P AGE (In years IF UNDER I YEAR F UNDER 24 HRS lost birthday) Months Meurs WIDOWED [DIVORCED | 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (3) FRITHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? Buring most of working life, aven if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 100 15 WAS DECEASED EYER IN J. S. ARMED FORCEST 16 SOCIAL SECURITY NO 17 INFORMANT Address III. CAUSE OF DEATH [Enter only one couse per fine for (ti), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any which gave rise to immediate DUE TO cours (a), sloting the underfring couse soil PAIR II. OTHER SIGN FIGANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, or 19. WAS ALTOPS PERFORMED? YES TO NO TO 200 ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJUST OCCURRED (Enter nature of injury in Part I or Part I or Fort I'm 18 I 20c TIME OF INJURY Month. Dov 20d. INJURY OCCURRED 20e PLACE OF NULEY (Home, form. (20f (City or town) (County) (Stote) factory street difice bidg etc.) Hour om While Not while al work a al wark 2) I contify that I attended the deceased from Har 29 1938 to teb 3 , 19.57 that I last saw the deceased and that death accurred at 522 P.M. from the causes and an the date stated above ADDRESS (Street, city or favo, stole) DATE SIGNED ACTUAL SIGNATURE DIRE PHYSICIAN'S NAME (Type) 22a BURIA CREMATION 276 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY (State) page SEARCHAL (Specify) o 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 240. REC D BY REGISTRAR DATFER 5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02130 CERTIFICATE OF DEATH 2149 Ren. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased level if institution fies dence before admission) Frince William MARYLAND Montgomery Virginia b CITY OR TOWN (If periode corporate limit, write c. CITY OR TOWN (If outside corporate fimils, write RURA; and give negret fewn) C LENGTH OF STAY IN 16 RURAL and give negrest town) 10 days Bethesda Manassas d. NAME OF HOSE TAL BE not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 237 E. Center Street The Clinical Center, Bethesda lh. YES NO 10 DATE Muddle Month Y excer Nevada DEATH Grace Spencer February 19 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO F INDER TYEAR FT NOER 24 MES 8 DATE OF BRITH P AGE (in year) 39 Months Dors Female White WIDOWED [7] DIVORCED [7] June 3. 1919 100 USUAL OCCUPATION (Give kind of work done 106 K NO OF BUSINESS OR INDUSTRY 11 B RTHFLACE (State or lovergn country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None Housewife West Virginia U. S. A. 13. FATHER'S NAME 14 MOTHER 5 MAIDEN NAME Clive Alderman Elsie Dean 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC A. SECUR TY NO 17 INFORMANT The Medical Record Address None The Clinical Center, Bethesda 11. Maryland 18 CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PARTY DEATH WAS CAUSED BY Rheumatic Heart Disease with involvement of Years Mitral and Aortic Valves. Conditions if only which days title to mmedials DUE TO course of stoling the underlying cause fost. PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DO ATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(D) 19 WAS AUTOPSY PERFORMED? YES A NO 200. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part L of Item 18.) 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form 200 INJURY OCCURRED 20f (City or lown) (County) (Stotes factory, street office bldg., etc.). Not while. of work of work 10 February 16 19 59 that I last saw the deceased 21 I certify that I offended the deceased from January 7 February 16 ____ and that death accurred at 8:34 PM, from the causes and on the date stated above ADDRESS (Street, city or fown, state) DATE SIGNED The Clinical Center 2-17-59 National Institutes of Health Edgar Haber, M. D. Bethesda 14, Maryland 725 DATE THEREOF 220 BUR AL CREMATION. 22¢ NAME OF CEMETERY OR CREMATORY 22d OCATION IC by town to country Beaver Creek Cemetery Huntersville, West Va. Feb. 20, 1959

24p REC D BY REGISTRAR

DATE FEB 2 0 '59

24b REGISTRAR'S SIGNATURE

700 FUNES oge 3 VS A15 E41

P COUNTY

NAME OF

DECEASED (Type or print)

No

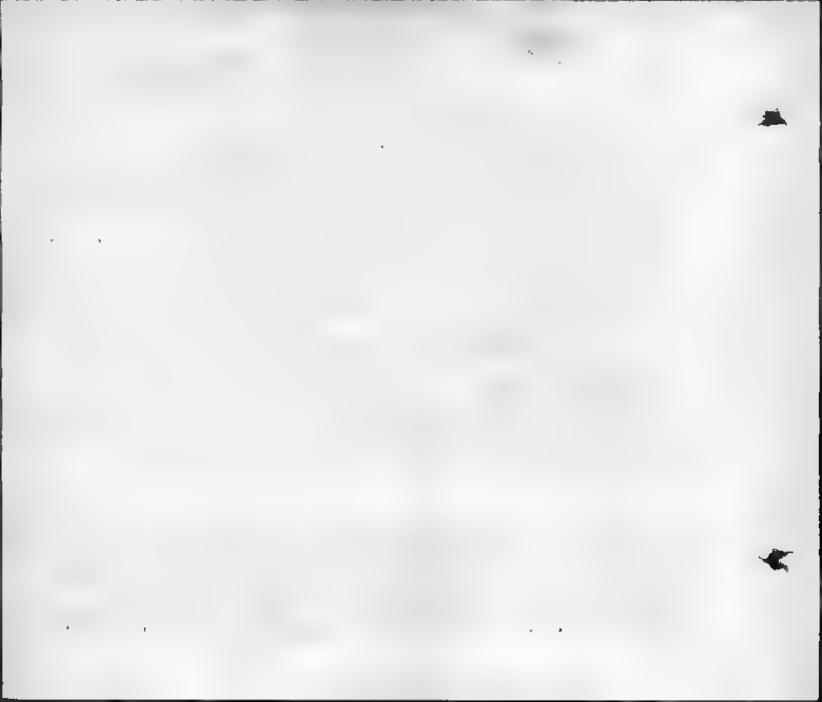
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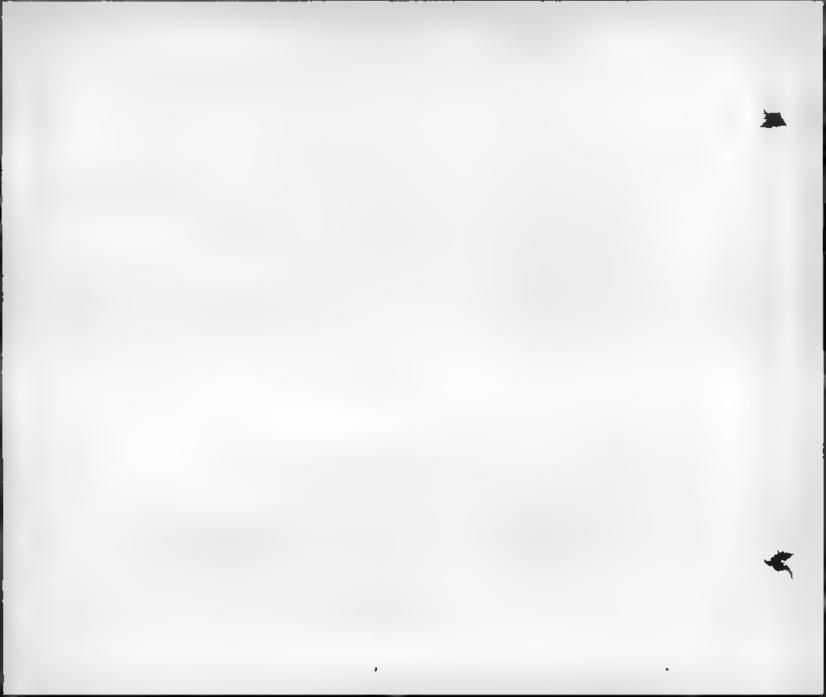
PHYSICIAN'S

NAME Type!

23 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	215		CERTIFIC	LATE OF DEATH	1		Reg. D	hst. No.			
1 PLACE OF DEATH a. COUNTY Montgoine	ery		MARYLAM	2 USUAL RESIDENCE (WE STATE West Virg		b. COUNTY	Sn- Reside	ince before	odmission)		
B C TY OR TOWN	If outside corporate limit	is, write	E LENGTH OF STAY IN I	6 E CITY OR TOWN IN	s CITY OR TOWN (If outside corporate littifs, write BURAL and give nearest town)						
Bethesda	*		26 days	Clarksbur	g	* 8					
d NAME OF HOSP	TAL (H not in hospital g	eve stroot		d. STREET ADDRESS				.0.	IS RESIDENCE		
	nical Center	. Be	thesda 14, Mo	6113 Stan	ley Av	enue			YES 🔲 NO 🛣		
3 NAME OF DECEASED	Fic		Middle	Lost	4 DATE	Mon	fin .	Doy	Year		
(Type or print)	Paul	ine	Jackson	Strether	OF DEATH	Febru	ary	11,	19 59		
5 SEX	6 COLOR OR RACE	7 MARI	HED MEVER MARRIED	B DATE OF BIRTH		P AGE in years			F JNDER 24 HR		
Female	White	WOOW	ED DIVORCED	January 6,	1908	(orbbirthday)	Months	Dor	Hours Min		
dy on move of we Housewill	zhing life avan if retired	done 105.	KIND OF BUSINESS OF IN None	DUSTRY IT BIRTHPLACE (Stone			12 C		WHAT COUNT		
IJ. FATHER'S NAME				14 MOTHER'S MA DEN N	IAME						
Ellis A	Bennett			Estell	e Jack	cson					
15 WAS DECEASED EV	FR IN U. S. ARMED FOR Ill yes, give wor or dofar of s	CES? 6.	21 7-01-0952	The Climical				lı, Ma	ryland		
	EATH [Enter only one co EATH WAS CAUSED BY IMMEDIATE CAUSE (o		to Aspirated	cute Tracheobr	onchia	1 Obstru	ctio	Friends	TAND DEATH		
148 X	DUE TO										
Conditions, figore for the course (a), stating	Immediate (te Hemorrhage	from Ruptured	Carot	id Arter	y	Mi	nutes_		
ying couse lost		Car	cinoma of the	Pharvnx.				Mo	nths		
NO PART II. O	THER SIGNIFIC ANT CON	D TIONS	CONTRIBUTING TO DEATH !	BUT NOT RELATED TO THE TERMI	NA: DISEASE	CONDITION GIV	EN IN PA	- 1	WAS A JIOPSY PERFORMED? YES A NO		
OR CONTRIBUTIN	VAS UNDERLYING O G O CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCUI	RRED. (Enter nature of injury it i	ort) or Port	II of rem IB)					
20c TIME OF IN RE		White	NJURY OCCURRED 20e.	PLACE OF INJURY (Home form factory street office bldg etc	20f (City	or lawn)		(County)	(State		

21 I certify that I attended the deceased from January 16, 19 59, to February 11, 19 59, that I lost saw the deceased alive an February 11, 1959, and that death occurred at 10:20 M, from the causes and an the date stated above

ADDRESS (Street, city or fown, state) National Institutes of Health

BUNIA, CREMATION 226 DATE THEREOF BUNIA (Specify) 2/1/50

22c NAME OF CEMETERY OR CREMATORY Lumbersport Cemetery

27d LOCATION (City lawn or county)

Harrison Co. W. Virginia

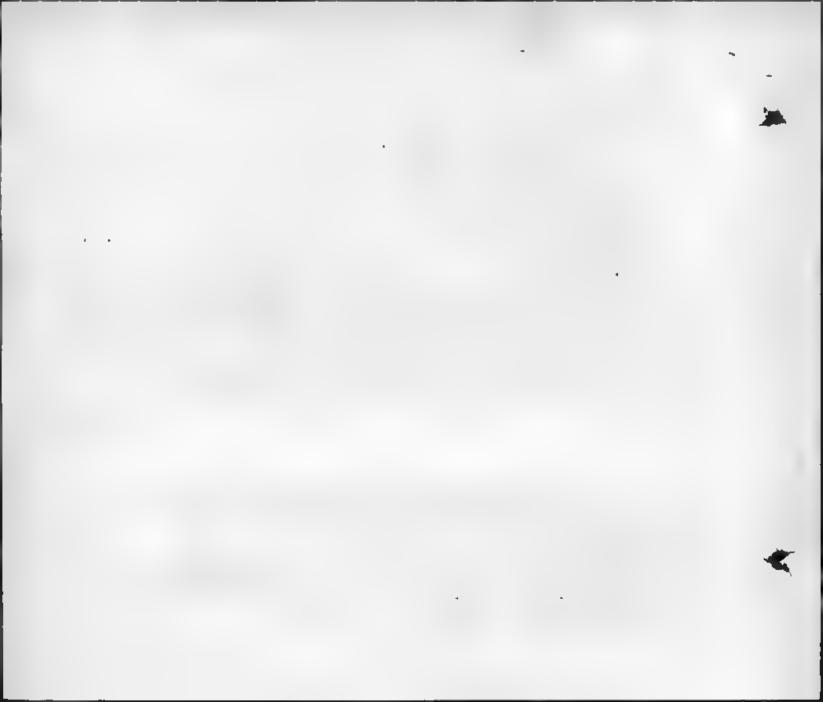
2/14/59 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-Bethesda, Maryland

246 REC'D BY REGISTRAR 246 REG STRAR'S SEGNATURE

the registrar prior to burial

Page

within 24 hours after death



West Virginia

CITY OR TOWN I'V outside corporate limits write

MARYEAND

c LENGTH OF STAY IN 1h

2 USUAL RESIDENCE (Where deceased lived. If institution Residence before edimention

c. CITY OR TOWN (if outside corporate limits, at the RURAL and give negrets town)

B COUNTY

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PLACE OF BRATH

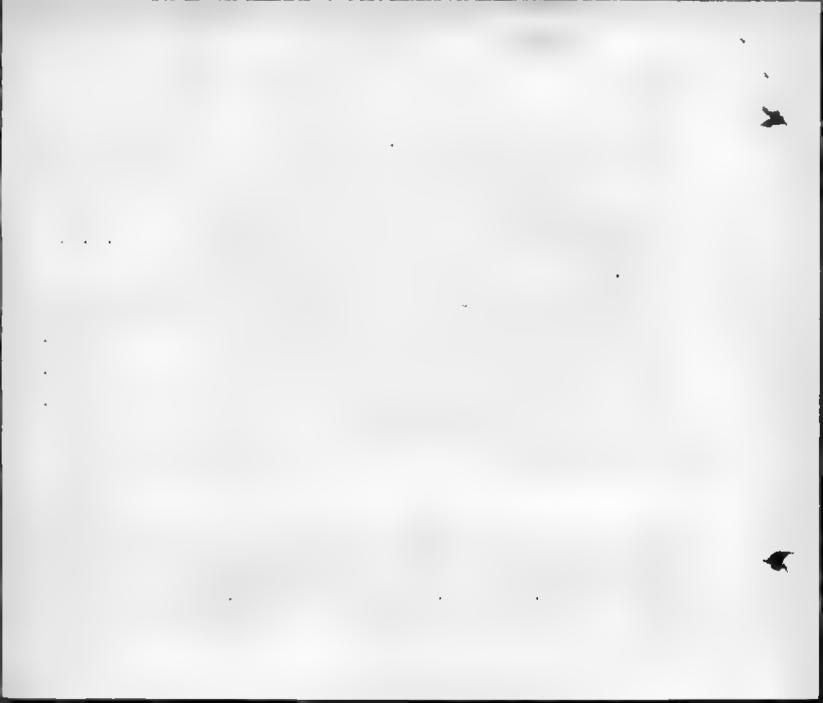
Montgomery

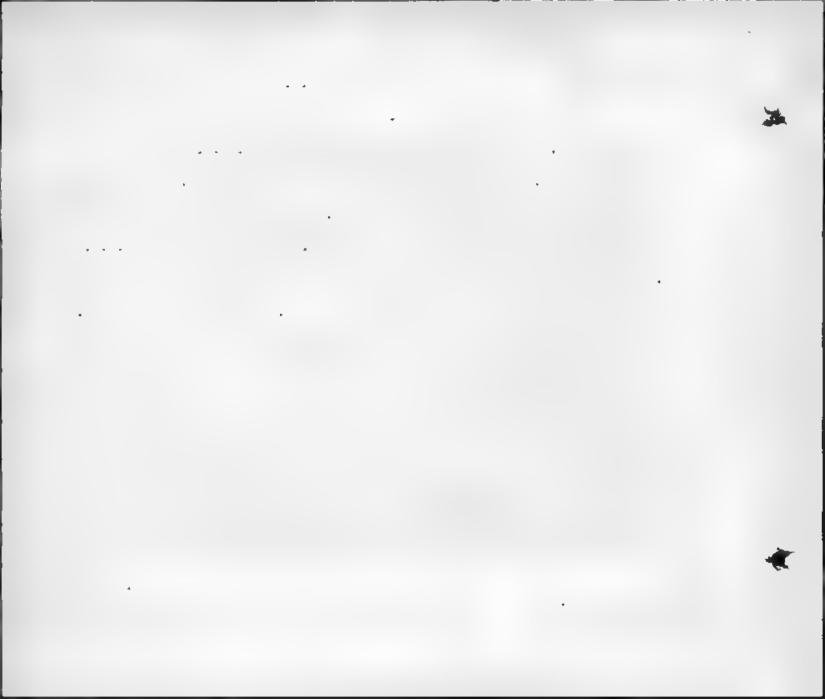
COUNTY

physica ē OSe 飞

hours o 25

RURAL and give necrest town) 156 days Bethesda Enterprise d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? The Clinical Center, Bethesda lk. Md. Bex 93 YES NOTE NAME OF Modella 4 DATE Month FOR Willburg Rilev Storm 19 59 (Type or print) DEATH February 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX 9 AGE [In years FUNDER LYEAR, IF UNDER 24 HRS DATE OF BURTH og birthday) Months Davi July 12, 1912 Male White WIDOWED [7] O VORCEO [7] 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) B REHPLACE State or foreign country 12 CITIZEN OF WHAT COUNTRYS County Supervisor West Virginia U. S. A. County Government 13 FATHER'S NAME 14 MOTHERS MAIDEN NAME Lucius R. Sturm Martha Nutter 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC A. SECURITY NO. 17 INFORMANT The Medical RecordAddress The Clinical Cente r. Bethesda lh. Maryland No 18 CAUSE OF DEATH [Enter only one couse per ne for a), (b), and (c) INTERVAL BETWEEN 12 hrs. PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Respiratory insufficiency DUE TO Bronchopneumonia 12 hrs. Conditions if any which gove rise to immediate **DUE TO** course (a), stating the under-Metastatic teratecarcinoma ly ng cause tost lh Mos. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LOUTE WAS AUTOPSY PERFORMED? YES A NO 200. ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
OF EITHER NOT BY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part III of Item 18.) 20c TIME OF INJURY Month, 20d INJURY OCCURRED 20e PLACE OF INJURY Home form. 20f (City or town) (County) (State) factory. street, office bldg., etc.) o. m. While Not while of work | of work | 21 I certify that I attended the deceased from September 8, 19 58 to February 11 59 that I last saw the deceased February 11 and that death occurred at 3:00 PM, from the causes and on the date stated above DATE SIGNED ACTUAL SIGNATURE The Clinical Center 2-11-59 National Institutes of Realth PHYSICIAN'S Bethesda lh. Maryland James A. Rose. HAME (Type) 220 BUR AL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 226 LOCATION (C by town, or county) REMOVAL (Specify) Shinnston, W. Va. 2/14/# 59 Shinnston Masonic Rurial 20 FUNERAL D RECTOR'S SIGNATURE 24u. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Maryland DATE E E





VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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e 15 RES DENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗍 NO 🦳

(County)

12 - 8. " Cours

DATE FEB 1 8 159

(State)

ON A FARM?

YES NO D



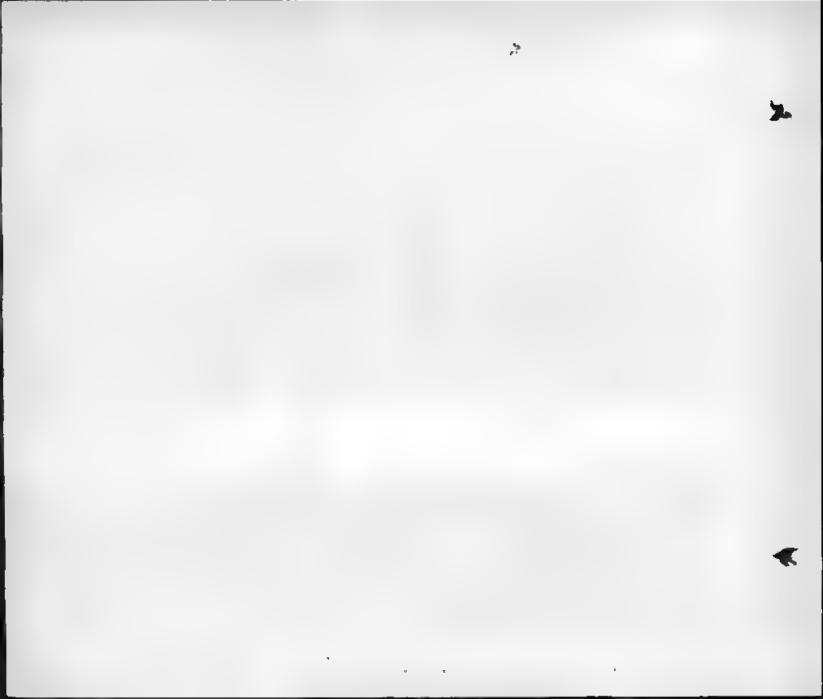
HEALTH DEPT Poge of 5 may be reforted or EPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours differ a size of every s 4 Jhn d be larged ed to TO FUNERAL DIRECTOR

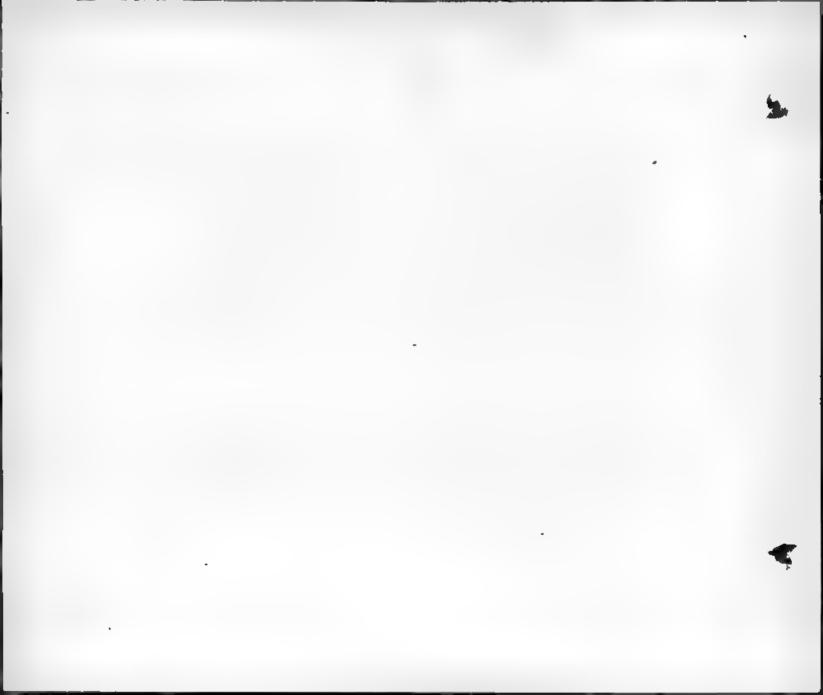
VS A15ME 5M 2 57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2008 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-0213F

Reg Dist No

	PLACE OF DEATH 2 USUAL RESIDENCE Where deceased fixed 16 institution. Residence before admission.
	Mantyonery MARYEAND STATE my
	CITY OR TOWN to exclude corporate minits and a few near set own and down arrest town.
	Takong Park 8 hr Dikren Spring
	d NAME OF HOSE TAL OR INSTITUTION If not in hospitals give street address d 5TREL ADDRESS
	Wash. San and prosp 18809 Glesville Rd 1800 NO 8
3	NAME OF Fish Middle East 4 DATE Month Doy Yao
	Pype or print Uneva bee Surgency DEATH 7 25 1959
5. :	SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIT 1
	La WIDOWED D O VORCED D 7-5-15- 43 m Months Days Hours Min
100	1 USDA, OCCUPATION (Give kind of work done 10h K NO OF BUSINESS OR (NOUSTRY 11 BIRTHPLACE (Stote or foreign country)
Е	unluployed N.C MS.C.
13	FATHER'S NAME IN MOTHER'S MA DEN NAME
	Edward L. Bruson marget & Cilora den
15.	WAS DECEASED EVER IN U. S. ARMED ORCES? IL SOC AL SECURITY NO 17 INFORMANT
1"	E am st anthrown) (Il vas que var a dajos et souvice)
-	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c), (
	PART I DEATH WAS CAUSED BY
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	out to all the
	goverse to monodiale cover
	(a), Noting the underlying (PUETO / /
,	PART OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA ID SEASE CONDITION GIVEN IN PART TIOUTE WAS AUTOPSY
CATION	PERFORMED?
	YES O NO EX
CERTIF	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OF CURRED (Enter notice of Injury in Part II of stem 18.)
3	20c TIME OF INJURY Mon h. Day Year 20d INJURY OCCURRED ZOT PLACE OF INJURY (Home form, 20f (City or lewin, (County)) (Stotal
WEDICAL	Hour o m White Not white of work of w
-	21 I certify that I tack charge of the remains described above held an Autopsy [] Inspect on [X] Inquity [X] and 1 y
	opin on death resulted from Natural causes Accident . Suicide . Homicide Undelermined manner
	1
	ACTUAL SIGNED CHIEF MEDICAL EXAMINER [] DATE SIGNED
	ASSISTANT MEDICAL EXAMINER (
	NAME TYPES FLANK T. RELICIONAL DEPLTY MEDICAL EXAMINER & 526 25-1959
270	BUR - CREMAT IN 276 DATE THEREOF 276 NAME OF CEMETERY OR CREMATORY 727 LOCATION (City town or county) State
	"Burial 2/28/1959 National Memorial Park Falls Church, Virginia
23	Emiliar & Record (Philary of
m	he S. H. Hines Cp. 2901 14th St., N. W Part FEB 27 55
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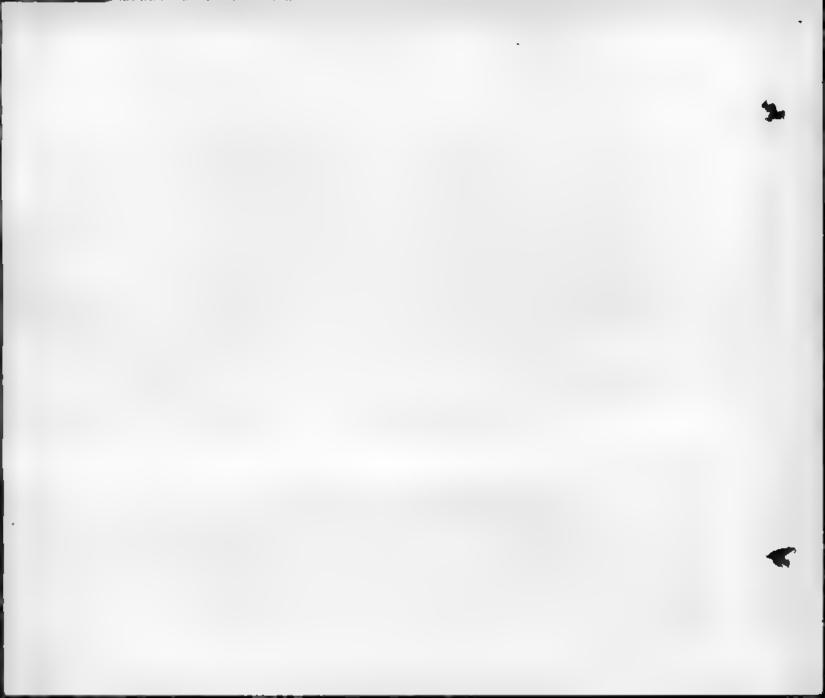


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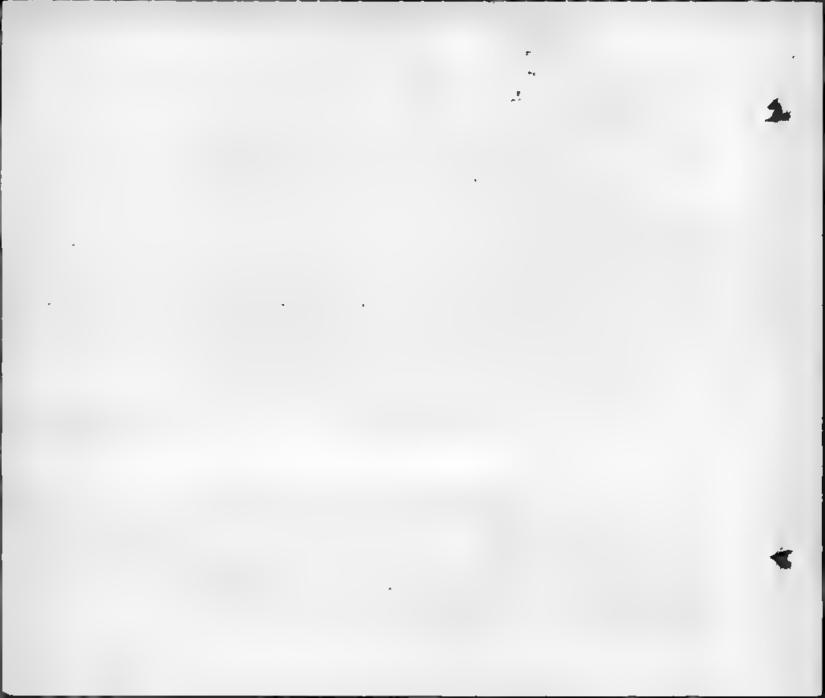
24s. REC'D BY REGISTRAR

DATE FEB 1 3 159

24b. REGISTRAR'S SEGNATURE

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V5 A 15 (4) 15M 9/55



YS A15 (4) 15M 10-57

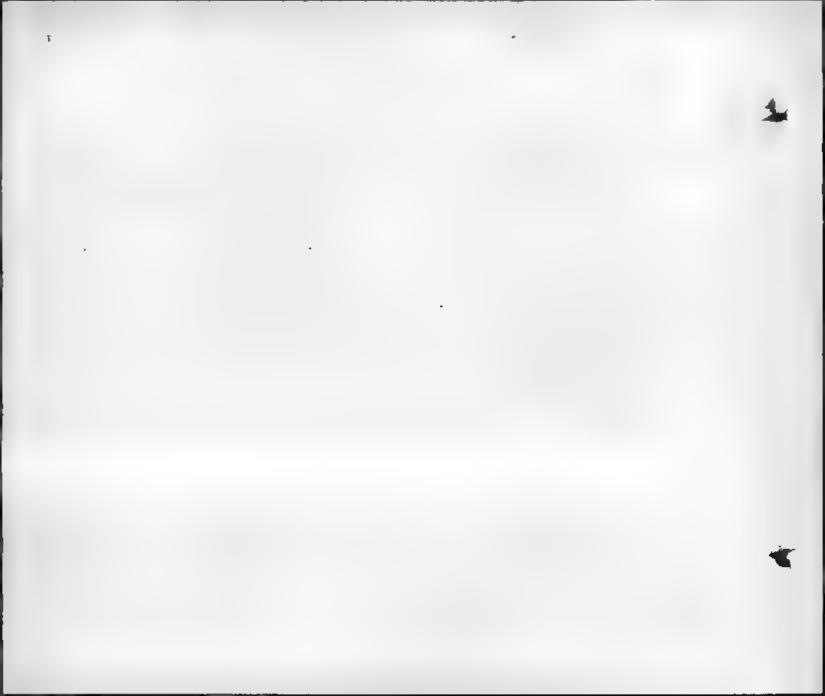
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2158

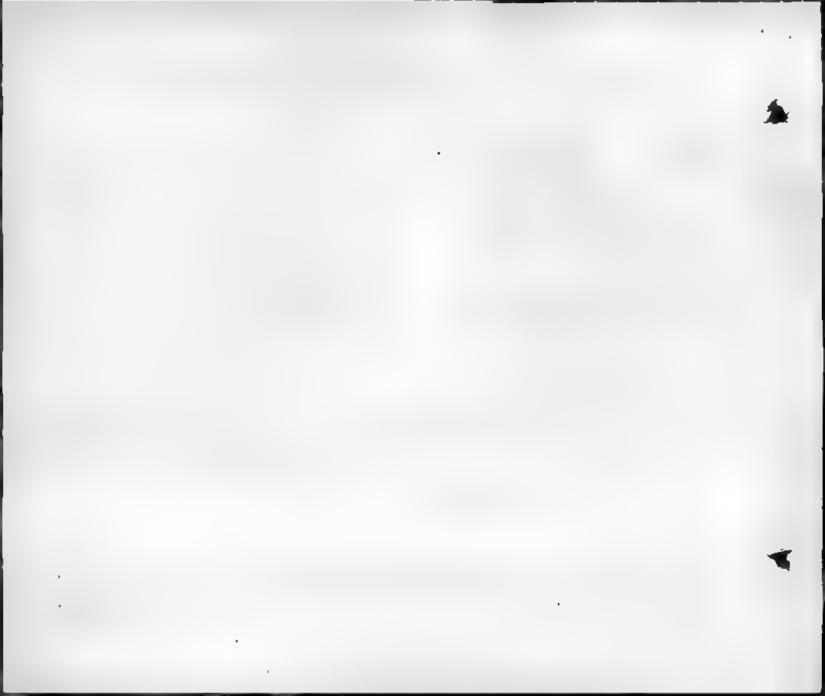
CERTIFICATE OF DEATH

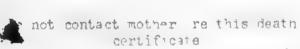
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B C TY OR TOWN	If outside corporate limits, v	rite & LENGTH OF STAY IN 15	-	aukide carparate limits write Ru	
Bethesda	A	28 days	Silver Spr:		
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OR NST JON	al Hospital			- 044	ON A FARM?
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3 NAME OF DECEASED	Fat	Middle	Losi	4 DATE Month	Doy Yeor
(Type or print)	Roy	Oscar	TRAVIS	DEATH Februa	
5 SEX	6 COLOR OR RACE 7	MARRIED X NEVER MARRIED	B DATE OF BIRTH		Months Days Hours Min
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Ga. USUAL OCCUPATION during most of wor	Oh (Give kind of work done king life, even if retired)	106 KIND OF BUSINESS OR INDUS	STRY II B RTHPLACE (SINE	ar fareign country)	12 CITIZEN OF WHAT COUNTRY
Carpenter	-	Construction	No. Car	rolina	U.S.A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN		,
Henry TRA	VTS		Mary HEWIT	וקים	
15 WAS DECEASED EVE		2 16 50C A. SEC JRITY NO 17 H	NFORMANT	Addre	100
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21 L cert-fy II	ant Lattended the de	control from January	6 10 50 m Fe	Christians 7 to 50	that I last saw the deceases
alive on Feb					
Olive on A SER	4.484.1	12.22 , and that death			id an the date stated above
ACTUAL	Manuel	· Told		ADDRESS (Street, city or lown, s)	
SIGNATURE	pour -	- L - L	MO LUL SELNAY	al Hospital, M	EEC2-3-59
PHYSICIAN'S NAME (Type)	erome A. GOLL	, LT, MC, USN	Bethesda	14, Maryland	
270 BUR AL CREMATIC	ON 226 DATE THEREOF	27c NAME OF CEMETERY OF		27d OCATION IC ty town, or	rounly) (State
Bur Trans	ment 2-3-59			Charlottesvi	
23 STUNERAL BUYER VOK		5/4 Shoressee	74n DEC		PAR 5 SIGNATURE
S.H. Hines	66. 2901 14t	th St., NV, Weshing	,		
- 1 TI 1 TI TI TI	001) 2701 140	THE PROPERTY OF STREET	con, DC DATE F	50 00 COV	Thur & Though



	MARYLAND STATE DEPARTM	ATE OF DEATH Reg. Dist. No.
M	PLACE OF DEATH b. COUNTY MONT GOMETY B CITY OF TOWN 11 putting corporate limits, while c LENGTH OF STAY IN 16	2 USLAL RESIDENCE (Where deceased lived II institution Residence before admission) 5 STATE
	Takoma Park, I NAME OF HOSPITAL (If not in hospital, give wirest odd/ess) OR INSTITUTION Washington Sanitarium and Hosp.	Silver Spring. d. STREET ADDRESS 2100 Dexter Avenue SIRESIDENT ON A FACTO YES NO
a.	NAME OF First Middle DECEASED (Type or print)	Thee to DATE Month Day Year OF DEATH LELLUARY 6 19 3
	FEBRALE White WIDOWED DIVORCED	B DATE OF BIRTH 9 AGE (In yours left birthday) Months Days Hours Months Days Month
	JOSUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life aven if refired) FATHER'S NAME	STRY >>> BIRTHPLACE (State or foreign country) [12 CITIZEN OF WHAT COL Maryland America 14 MOTHER'S MAIDEN NAME
15	NOT GIVEN WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO 17 1 AL OO. DE VINLOUND NI year, give was seculated of variety	Doris Lyman Trout Address
20	Conditions if any, which gave rise to immed the cower (a), stoling the under-lying course (a). PART II OTHER SIGNIFICANT CONDITIONS CONTRIB TINC TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART TO THE TERMINAL DISEASE COND TION GIVEN IN THE TOTAL DISEASE COND TION GIVEN IN THE TERMINAL DISEASE COND TION GIVEN IN THE TOTAL DISEASE COND TION GIVEN
CERTIFICATION	20s. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING COLURRE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	D (Enter noture of more in Part I or Part II of them 18.)
WEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 19 While Not while for work of work	ACE OF INJURY (Hume, form, 201 (City or town) (County) (Schery, street, office bldg., etc.)
1	SIGNATURE Google Spin - 0	occurred at & F. M. from the causes and on the date stated a ADORESS (Street, city or town, state) DATE S M.D927 Personing DrSilver_Spring, Md.
	PHYSICIAN'S NAME (Type) George R. Spence, M. D. B. A. CREMATON, 226 DATE THEREOF 122. NAME OF CEMETERY O REMOVAL (Specify) 2-28-59 Washington Si FUNERAL DIRECTOR'S SIGNATURE ADDRESS	927 Pershing Dr., Silver Spring, Md. R CREMATORY 22d LOCATION (Cuty town or county) [Store) anitarium and Hosp, Takoma Park, Maryland 1240 REC D BY REGISTRAR 1246 REGISTRAR'S SIGNATURE
113		

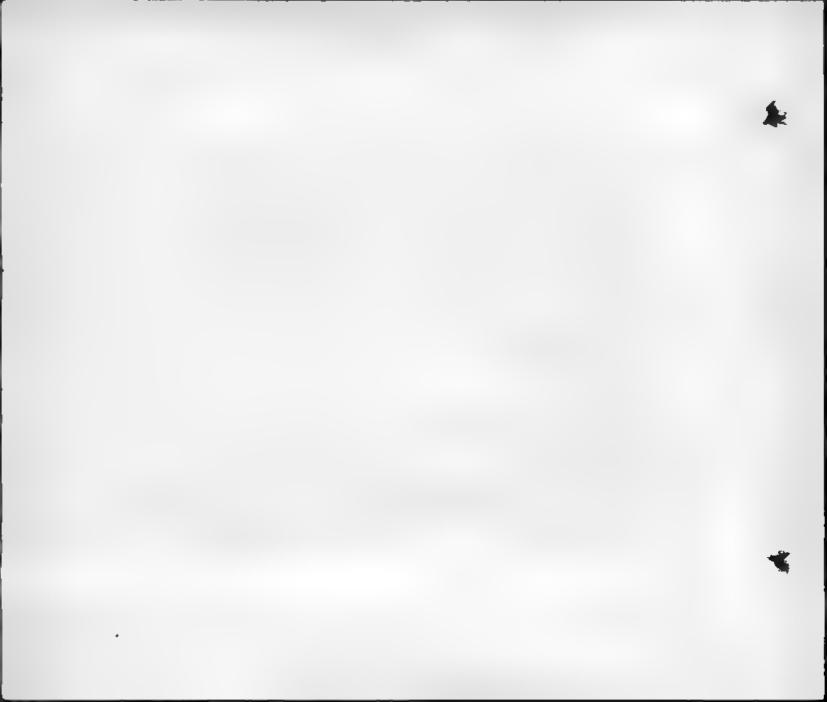




William HAyatt



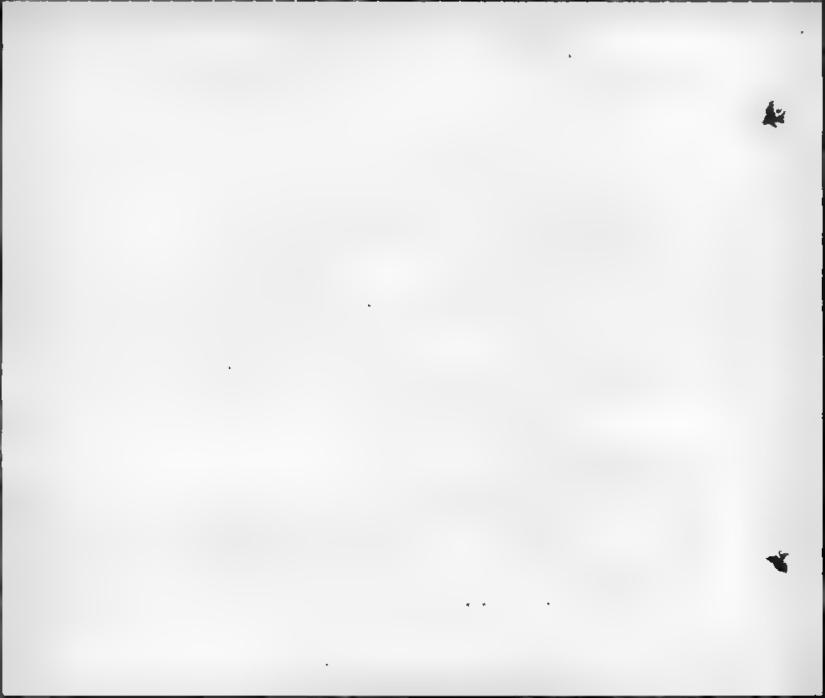
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If multivition, Residence before admission) e. COUNTY **b** COUNTY D. MARYLAND a mer Ohi CITY OR TOWN IN outside corporate limits, write & LENGTH OF STAY N 15 c. C. TY OR TOWN (I suitable corporate limits, write RURAL and give negrety fawn) RURAL and give negret! town) JACK. Ø d NAME OF HOSPITA, (If not in hospital give street address)
OR INSTITUTION d STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO K 85 M. CO CVAR. TATIUM NAME OF 4. DATE Month Day Year DECEASED DEATH (Type or print) 19.5 & COLOR OR RACE | 7 MARRIED | NEVER MARRIED | IF UNDER I YEAR IF UNDER 74 HES 5. SEX 8 DATE OF BIRTH # AGE (In years fost birthday) Months Doys DIVORCED [WIDOWED | 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country, 12 CITIZEN OF WHAT COUNTRY? during most al working life even it retired). office 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Š 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14 50 CHAT SECURITY NO 17 INFORMANT Address 18 CAUSE OF DEATH | Enter only one copie per line for (a), (b) and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 2420 IMMEDIATE CAUSE OF DUELTO Conditions of any which gove rise to immediate DUE TO couse (o), stoting the underlying couse rost PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19 WAS AUTOPSY PERFORMED? YES T. NO 706 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW NIGHT OCCURRED (Enter nature of injury in Fort flor Part it of item 18) 70e PLACE OF INJURY (Home form. 20c TIME OF INJURY Month. 20d INJURY OCCURRED 20f (City or town) (County) (Stole) factory street office bldg. etc.) Hour a.m White Not white of work at work 2) I certify that I attended the deceased from _____ 19 ____that I last saw the deceased alive an_@ and that death accurred at 7 - 2 M from the causes and an the date stated above ADDRESS (Street, city or Jone, 11918) DATE SIGNED ACTUAL 200 PHYSICIAN'S HAMBLITYPH 65 22b DATE THEREOF 226. LOCATION IC by lown or county) 220-BURNAL GREDWINGEL 22c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Cumberland. 0 240 REC D BY REGISTRAR 246 REG STRAR'S SIGNATURE 23. FUNSKAL DIRECTOR'S SIGNATURE **ADDRESS**



12143

	o COUNTY TO THE TENTH	MARYLAND	2 SSUAL RES DENCE (Where deceased lived Ministration Residence before admission of STATE MARY TO BE COUNTY NO TOOK Y			
	b CITY OR TOWN (If outside corporate limits, write c 1FNGTH C 12 1	F STAY IN 16	CITY OR TOWN (If outside carparate insits, write RURAL and give nearest fown)			
	d. NAME OF HOSPITAL I not in hospital give street address) OR INSTITUTION Q 109 FLATTE AV ATTE		AT THE STREET ADDRESS ON A FARM THE STREET ADDRESS ON A STREET			
	J NAME OF DECEASED (Type or print) TANTS ETW	Middle APD	VOCTS, SP. DEATH FERRY Y 16 19 19			
		VORCED 🗍	B DATE OF BIRTH Aur 26, 1894 P AGE (In yours FUNDER 1/EAR FUNDER 24 HRS Months Days Hours Min			
	SUAL OCCUPATION (Give kind of work done 106 KIND OF BUSE during most of working life even if retired) 31 OT 12 - 1002		USTRY 11 BRYTHPLACE (Stoly or foreign country) 12 CITIZEN OF WHAT COUNTRY U 4			
	ANTUN HINDY VOGTS		ELIZA MOTHER'S MAIDEN NAME			
	5 WAS DECEASEDEVER IN U. S. ARMED FORCES? 6 SOCIAL SECUR Year no or unforced. (If year gives were or defect of service) 7.7.2	Tuff to	Modro C. Vorts, 9408 Florer Ave.			
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	(IF EITHER, NOT FY MEDICAL EXAMINER)	URY OCCURRED	PED (Enter nature of injury in Part I or Part II of item PB.)			
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	PHYSICIAN'S William D. Aud. N.D.		Action + 2 7. 1			
2	REMOVA, Specify) 2/10/E8 CTT	HI'L C	1000			
2	RAYMENAL A BLAKER	ьΙ	I 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE			

within 24 hours ofter death TO MOSPITAL OR ATTENDING PHYSICIAN. The law requites that the death certificate be executed VS A15 (4) TSM 10.757



1 4	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
1	2160 CERTIFICATE OF DEATH Reg. Dist. No.					
age de la company de la compan	PLACE OF DEATH COUNTY PLACE					
death.	b. CITY OR TOWN (H avoide corporate from write c LENGTH OF STAY N 1b c CITY OR TOWN (H avoide carporate light), write &URAL and give nearly town) RURAL and give fear ast, fown) And in the state of t					
by she	d NAME OF HOSPITAL (It not in hospital, give street address) d STREET ADDRESS White street Bld. os RESIDENCE ON A FARM? YES NOVE					
Died in	NAME OF DECEASED (Type or print) Plan Prances Wallow Death Det 21 1959					
d within	SEN DEMERS 6. COLOR OF CACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In yours If UNDER 1 YEAR IF UNDER 24 pts.) SEN DEMERS 6. COLOR OF CACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In yours Inches) Doy's Hours Min					
death	Out USUAL OCCUPATION Give bind of work done 100 KIND OF BUSINESS OR INDUSTRY IT B REHPLACE IS one or foreign doning) 12. CITIZEN OF VIHAT COUNTS during most of working 11s, even if refired)					
icran ar e carbo s offer	TATHER'S NAME (7) Calvert Co					
og phys remay 72 hour	S WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT YOU, NO IT WITHOUTH WAS GIRE FOR OF INFORMANT WAS Address THOMAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT HOLD WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN L SARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED FORCES. 17 INFORMANT WAS DECEASED FORCES. 17 INFORMATION OF 17 INFORMANT WAS DECEASED FORCES. 17 INFORMATION OF 17 INFORMA					
altend and multiple with a	18. CAUSE OF DEATH [Enter only one couse per line for [q], [h], and [c].] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE [o] ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH					
by the	Conditions day which the the state of the state of the way					
signed i permidir on	gave rise in immediate course (a), stating the under lying course last.					
physicia as been al-trans	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS A TOPSY PERFORMED? YES NOW					
AN: The and rg licals he bur ar rem	20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lor Part Lot (tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER)					
PHYSIC ol or oil bis cert oxe os emotion	20c. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED Hour o. st. p. rb. 19 of work					
After It	21 I certify that I attended the deceased from 20, 1937, to 21, 195, that I last saw the deceased					
Teroch To burn	alive on 19 7, and that death occurred at 2.05 Mirror the causes and on the date stated about ADORESS (Street, city or lows, state) ACTUAL					
ovid by	PHYSICIAN'S					
DSPITA DS 10 INERA 10 10 10 10 10 10 10 10 10 10 10 10 10	NAME (Type) 20 BUR AL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City form, or county) (Stote)					
O PO	February Port republic ma					
VS A15 (4) 35M 9755	P.E. Sevett Ministration Date Date 1246. REGISTRAR'S SIGNATURE					



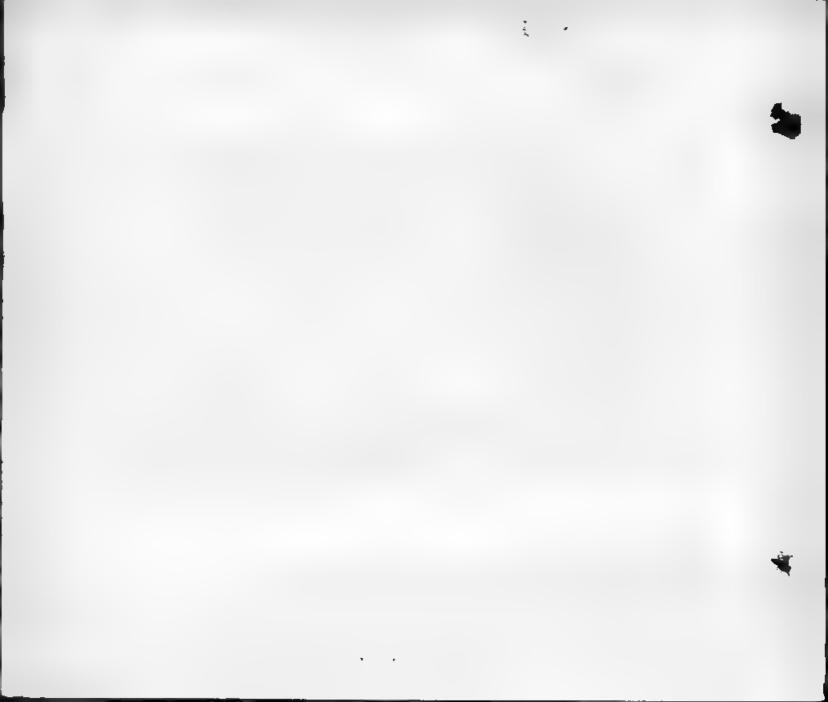
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg Dist No. EALTH DEPT. 2 JSUAL RESIDENCE Where deceased and 11 institution Residence before admission) PLACE OF DEATH n. COUNTY MARTLAND IC LENGTH OF STAY IN 16 c. C. TY OR TOWN (if as inde-corporate limits write RURA, and a senses fown d NAME OF HOSP TAL OR INSTITUTION. If not in hospital give street odd esit d STREET ADDRESS Ch & AF 1 YES T NO T 3 NAME OF Ymor DECEASED 19 39 (Type or print DEATH MARRIED A NEVER MARRIED 5 5EX 9 AGE In reas THE INDER TYPER IF MINES 24 Months | Doys W DOWED | DIVORCED [7] 100 ISUAL OCC IPAT ON Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY during nost at working the, even Fretired 12 CT ZEN OF WHAT COUN FY? 21. S. C. Mechanica MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 17. INFORMANT 8 CAUSE OF DEATH [Enter only one couse per ine for fo] (b) and (c) PART I. DEATH WAS CAUSED BY-DIEVIGIA IMMEDIATE CAUSE (a) DUE TO Conditions, if any which] gave tire to immediate cours DUF TO (a), stelling the underlying course lest PART I OTHER SIGN F CANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERM WALD SEASE CONDITION GIVEN BY PART I DIED THAT ALL TOPSY PERFORMED? YES [NO [] 20g. EXTERNAL CAUSE WAS
PRIMARY | or CONTRIBUTING |
CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED Tenter noture of injury in Port I or For I of Iem 31 20d IN URY OUGURRED 20e PLACE OF HUJRY (Home form. 20f (City or lown 20c TIME OF INJUSY Month Day Year (County) factory, street, office bldg., etc.) While Not while of work of work 21 I certify that I task charge of the remains described above, held an Autopsy ... inspection [7], linguity [7], opin on death resulted from Natural causes 🗶 Accident 🔝 Suicide . Ham cide . undefermined manner Fo. DIRE DATE SIGNED M.D. CHIEF MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER [3] NAME Type. 220 8, RIA CREMATION 226 DATE THEREOF 72d LOCATION (C y lown or county) MOVAL Spe. 1 40 20. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REC'D BY REG STRAN 24 REG STRAR S SIGNATURE AISME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	1
2163	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

2147 Reg. Dist. No. 21,5

8

- [PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased		ce before admission)		
- 1	Montgomery	MARYLAND	Virginia	L COUNTY Fairfax			
-	b CITY OR TOWN (if outside corporate smills, write RURAL and give nearest form)	c LENGTH OF STAY IN 16	c CITY OF TOWN (If outside corpore	W	give necrest town)		
ŀ	Bethesda (Riral)	43 days	Falls Church	604	r) 4		
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS		B. IS RESIDENCE ON A FARM?		
4	U. S. Naval Hospital		922 Dasliell Road		YES 🔲 NO 🔯		
	3 NAME OF FISH	Middin	Lost 4. DATE	Month	Day Year		
Į	(Type or priof) James	Cornelias	WATSON DEATH	February	10 19 59		
ı	5. SEX 6 COLOR OF PACE 7 MAR	RIED I NEVER MARRIED	8. DATE OF BIRTH		LYEAR IF UNDER 74 HRS		
Į	Male Caucasian woow	NED DIVORCED	8-25-90	63 yrt Months	Days Hours Min		
	Do USUA, OCCUPATION (Give kind of work done 10b during most of work og life, even if refired)	KIND OF BUSINESS OF INDU	ISTRY BIRTHPLACE (Stole or foreign con	unfry) 12 CR	IZEN OF WHAT COUNTRY?		
Į		J. S. B.vt.	Washington, D.	C. 1	U.S.A.		
[I3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
7	Lilliam WATSON		Margaret HANNON				
Ī	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 14.	SOC AL SECURITY NO 17	INFORMANT	Address			
Λ	Yes Wil	None () lrs. Margaret Wat	son, same as	#2 above		
ı	18. CAUSE OF DEATH [Enter only one couse per	ine for (a). (b). and (c)] ,		- (NTERVAL BETWEEN		
	PART I DEATH WAS CAUSED BY BY STAND DEATH ONSET AND DEATH						
Į	DUE TO		- Warner Child				
- 1	Candidana di anno abada	we to steel.			Lost		
-1	gave rise to immediate (* * - / (4			13/27		
ı	couse of noting the under-				7		
	Tel	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	T HOL 19 WAS AUTOPSY		
	PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING 205. DES OR CONTRIBUTING 205. DES OF CONTRIBUTING 205. DESAMINERS				PERFORMED? YES [X] NO [
	200 ACCIDENT WAS UNDERLYING TOOK DES	CRIBE HOW INJUSY OCCURRE	D (Enter nature of neury in Port Lor Part	II of item 16.)	13/4 10		
	OF CONTRIBUTING TO CAUSE OF DEATH						
ı	3 70c TIME OF INJURY Month. Doy Year 20d	NILEY OCCURRED 200. P	ACE OF INJURY Ifform form 20f (City	or town) (County) (State)		
ŀ	20c TIME OF INJURY Month. Day Year 20d Haur o. m. 19 of wor	rk ol while	ictory, street, office bldg. etc.)				
ŀ	21 I certify that I attended the deceas		20 to 58 - February	10 20 12 11	1		
	olive on February 10 19	.22, and that death	accurred at 111 AM, from	the causes and on t will city or lown, state)	he date stated above PATE SIGNED		
	ACTUAL TO B	16.01					
	SIGNATURE O LAC VOL	· 10-54	MD U. S. Naval Hos	birai, MMA	2-11-59		
1	PHYSICIAN'S DOW, las R. KOTH,	LT. MC. USN	Bothesda 14, Ma	rvland			
-	220 BURTAL CREMATION, 226 DATE THEREOF	ZZc NAME OF CEMETERY C		ON City fown, or county)			
					(Nata)		
	REMOVAL (Specify)				Virginia		
	Brial 2-13-59	Arlington II		gton	Virginia		



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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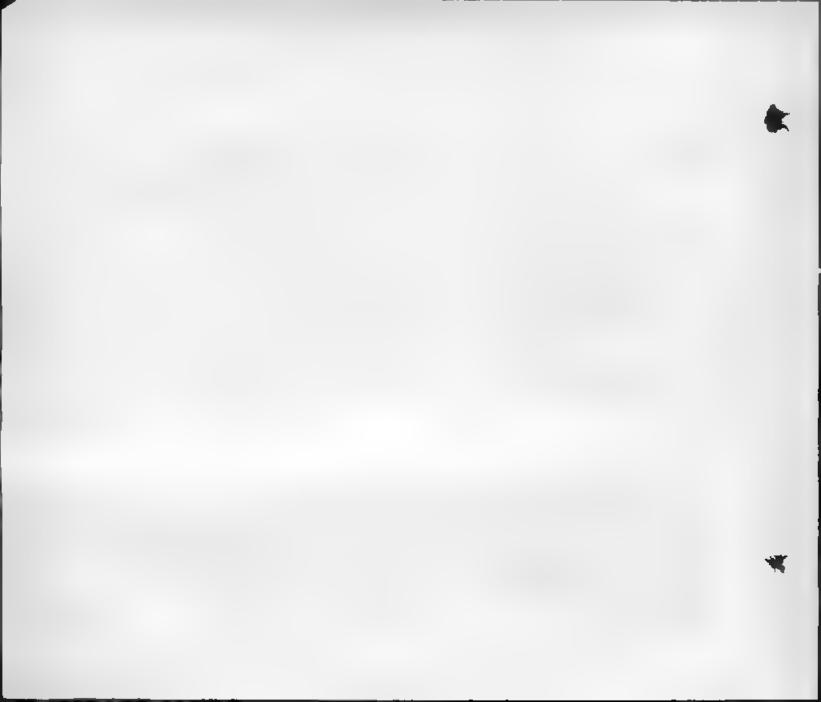
0407	CERTIFIC	ATE OF DEATH	1	Reg. Dist No 215
PLACE OF DEATH 6109 COUNTY Montgomery	MARYLAND	7 USUAL RESIDENCE (WAS STATE Maryland	ere deceased wed fundaments b. Country Non-tigo	on Residence before admission)
b City OR "OWN (# outlide corporate limits, write of Rt RAT and give hearest lown) Bethesda (Rural)	20 days		ulside corporole limits write RL	
d. NAME OF HOSPITAC (If not in hospital, give wreet ed OR INSTITUTION U. S. NAVAL HOSPITAL	dross)	/ d. STREET ADDRESS	iew Ave.	e 15 RESIDENCE ON A FARMA YES NO P
3 NAME OF FOI DECEASED (Type or print) Paul	Middle Richard	WEBB	4 DATE Month OF PEATH Febru	/
S SEX 6 COLOR OF RACE 7 MARRIED Male Caucasian Widowed	-	4-14-84	P AGE (In years tost birthdoy) 714 yrs	Months Ogys Hours Min
100 SLAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOOD Broker Me	of Business or INDE rehandising	New York		U.S.A.
Patrick R. Webb		Jennie Fox	AME	mariner.
15 W AS DECEASED EVER NUL S ARMED FORCES? 16 50 The no. no. no minimum) (If you give wor or does of survice) TO	6-05-6178 (S) John J. WEBB	, same as #2 e	
PART DEATH WAS CAUSED BY	for. (o), (b), and (c)]			ONSET AND DEATH
Conditions if any which gave rise to mined ale course (a), storing the under lying course last	· 10	3.700	٤	
FART 1 OTHER SIGN FICANT CONDITIONS CON	TUB HTATO OF DIFFUENTS	NOT RELATED TO THE TERMIN	RAL DISEASE CONDITION GIVE	EN IN PART 1 0, 19 WAS AUTOPS PERFORMED? YES NO
OF GITHER NOTIFY MEDICAL EXAMINER	BE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort for Part (I of stem 18.)	
S Hour o.m While	IRY OCCURRED 20s. PL Not while fo	ACE OF INJURY Informe, form, chary street, office bldg. etc.)	70f (City or lown)	(County) (Stol
21 I certify that I attended the deceased alive on FGDT HATY 2 19 59 ACTUAL SIGNATURE	from January	occurred ot7355_A	M, from the causes ar MORESS (Street, city or form, w al Hospital, N	nd on the date stated abouters DATE SIGN
	MC, USN	Bethesda		
Buriel-Shipment 2-3-59	Mr. Clive:		Buffalo	New York
S. H. HINES CO., 2901 14th	ADDRESS St.NW, Washir		9 70	FRAR S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a 24 haurs after death. Page 4 may be retained by the haspital at alterding physician.

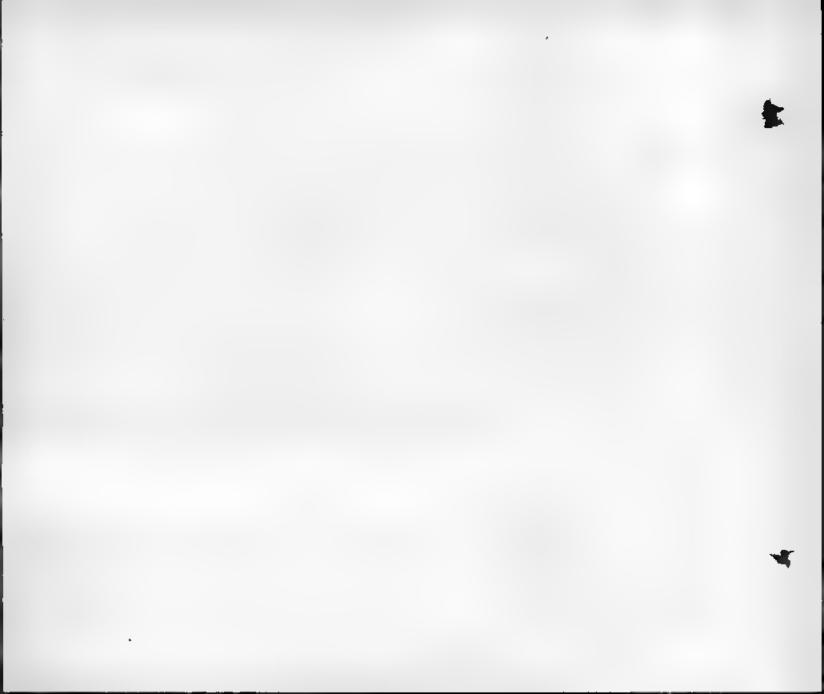
TO FUNERAL DIRECTOR Af or this certificate has bosh as good by the ortending physician and campletely filed in by page 3 should be detached for use as the buttal transit permit. Then pieces remove carbon papers. Pages 1 and 2 the registrar prior to buttal cremation, or remaind in day event with n 72 hautspiter death. VS A35 (4) 15W 10/57



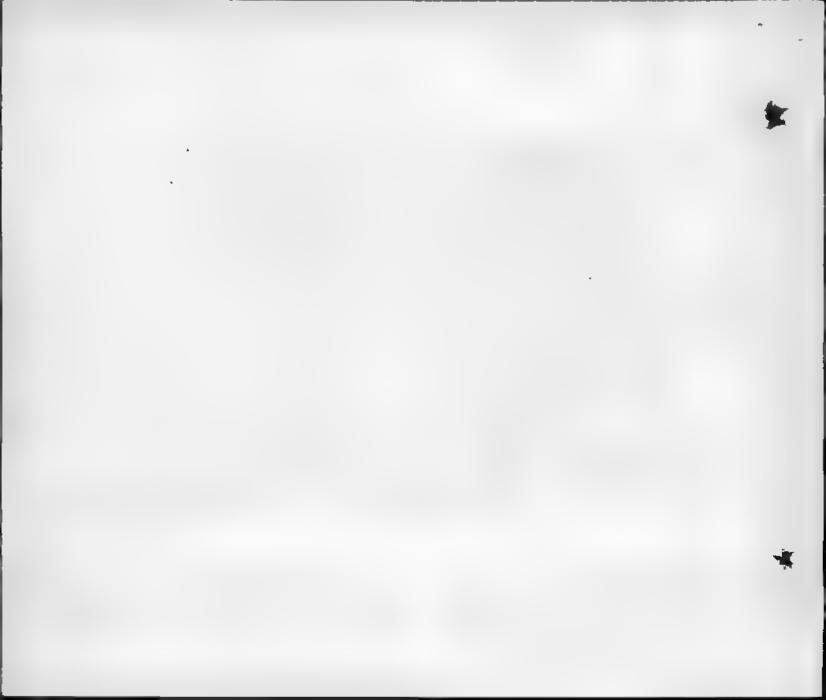
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rag, Dist, No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) n COUNTY o STATE Z 6 COUNTY MARYLAND b CITY OR TOWN (If notside corporate limits, write c LENGTH OF STAY IN 15 c CITY OR JOWN (If outside corporate limit), write RURAL and give nearest fown! RURAL and give nearest lown) d. NAME OF HOSPITA, (If not in hospital, give street address) & STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T 1. NAME OF Madella 4 DATE DECEASED OF (Type or print) DEATH 10 FUNDER 1 YEAR FUNDER 24 HRS 4. COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO 8 DATE OF SIRTH AGE (In years last birthday) Maothi Duys Hours DIVORCED [WIDOWED [7] falle Jrt\$ 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retread) Judge of Tolly Maring 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SCIC A. SECURITY NO. 17 INFORMANT Address (If you, give war or dates all service) othend 18 CAUSE OF DEATH [Enter only one couse per line, let (a), (b), and (c). INTERVAL BETWEEN ä ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) **OUE TO** Condions of eny which ! gave rus in immed the DUE TO course (a), stating the underying cause (as) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS TO 0 PERFORMED? YES [] NO IX 206 ACC DENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Hem 18.) OR CONTRIBUTING DI CAUSE OF DEATH 20c TIME OF INJURY Month, 20s. PLACE OF INJURY (Home, form. 20f (Crty or lown) 20d. INJURY OCCURRED (County) (State) factory street affice bidg. etc.) White Not white of work of work IP m 19.57 that I last saw the deceased 2) I certify that I attended the deceased from alive on 🚅 and that death occurred at 74 4 ADDRESS (Street city or lown, state) DATE SIGNED ACTUAL SIGNATURE 3 shoul PHYSICIAN'S NAME (Type) FUNER 220 BURIA CREMATION. 276 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22st LOCATION (City Idean or county) affod (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 2/o REC D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 1SM 10757

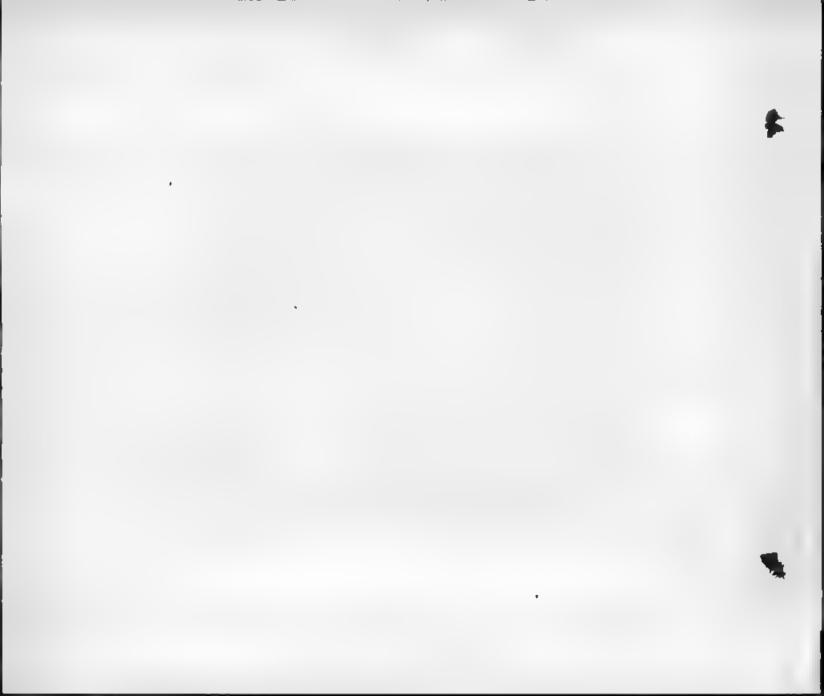


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STRITE Reg Dist No. FALTH DEPT REACE OF BEATH 7 USUAL RESIDENCE Where deceased fixed. If militarion Residence before adm is on. e COUNTY e STATE IL COUNTY MARYLAND 1/2 (0.1 b. C TY OR TOWN C JENGTH OF STAY IN 16 ci City OR TOWN I flou side corporate him to write RuRAL and give nearest town; and give readed grant d NAME OF HOSP TALL OR INSTITUTION, I'll not in hospital give street oddress; & STREET ADDRESS. e 8. ON A FAR. 000 A second poly YES NO TX B .C. 5 0 3. NAME OF 4 DATE Muddle Year DECEASED OF And there was (Type or print) Elisabeth DEATH 19 6 EOLOR OF RACE 17 MARRIED TO NEVER MARRIED TO & DATE OF BIRTH 5 SEX # AGE providence SELNDER YEAR IF UNDER 24 HP Months Days W/DOWED [7] DIVORCED [7] 100 US. A. OCCUPATION (GIVE KIND OF work done, 10b KIND OF BUSINESS OR INDUSTRY I BIRTHPLACE (State or foreign country) 2 o o 12 CT ZEN DE WHAT CO N'DYS during most of working if e even if sel red) 100 0 110 P.M.3. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME T da - 1201 a climate a Edith 15. WAS DECEASED EVER IN L S ARMED FORCES? ö 6 SONAL SECURITY NO 17 INFORMANT Adetrosa No 18 CAUSE OF DEATH [Enter only one couse per time fo o), (b), and .c). SCHOOL BEING N 6 ONSET AND DIA H PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) en Alar DUE TO Hanging Conditions, I any which ! gave so to immediate cause DUE TO onwitted the undertying COULD IDS! PART I DIHERS ON FICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE ERMINALD SEASE FOND TION GIVEN IN PART 100 (18, WAS A 1005) TO PERFORMEDE YES FT NO F 200 EXTERNAL CAUSE WAS PRIMARY IS OF CONTRIBUTING EX 206 DESCRIBE HOW INFURY OF CARED "Enter notice of apply to Part 1 of Part 1 of Item 18.) CERT. Dire opto to your this ofunt from CA. SE OF DEATH. 20c TIME OF INJUSY Month Day Year 20d INFURY OCCURRED - 20e PLACE OF NUCRY (Home, form, 20f (Edy or lown) County1 100 m. factory street office bidg etc.) Not white ar White Inn mmille p m of work of work 21 | Certify that I took charge of the remains described above the dian Autopsy | Inspection [], and none opin on death resulted from Natural causes Accident [7] Su cide Homicide | Undetermined monner ACTUAL. DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** TO the DEFUTY MED CAL EXAM NER FT NAME Type, 7 d Z 220 BUR A CREMA IL N 226. DATE THEREOF 122" NAME OF CEMETERY OR CREMATORY 22d LOCATION (C y town or county) * 45 REMOVAL specify, 104 Bur-transit 2/14/59 South Laurel Hill Philadelphia Pennsylvania 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 240. REC D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Robert A. Pumphrey-7557Wis, Ave. Bethesda, Md paff 8 5M 2 17

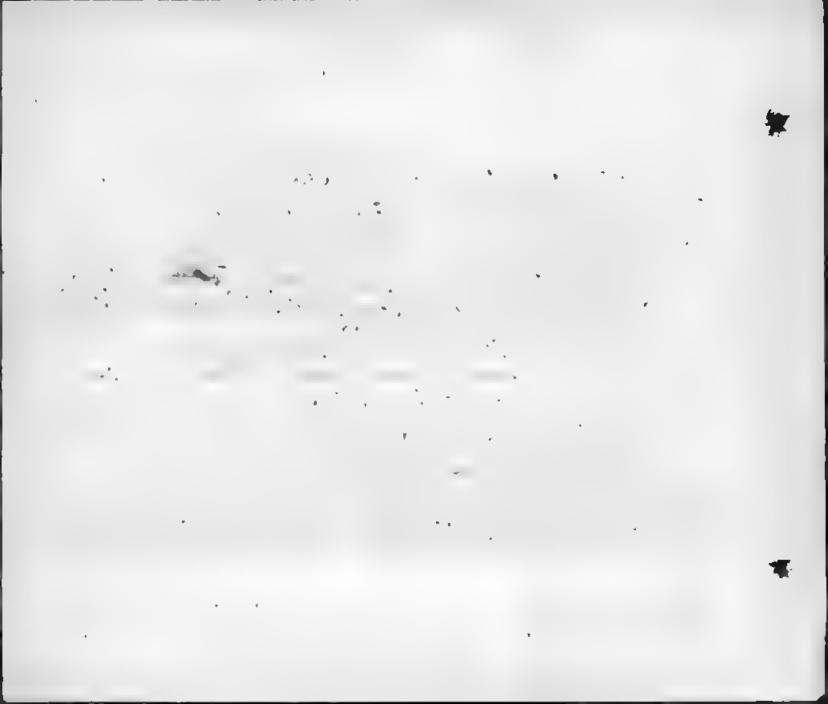


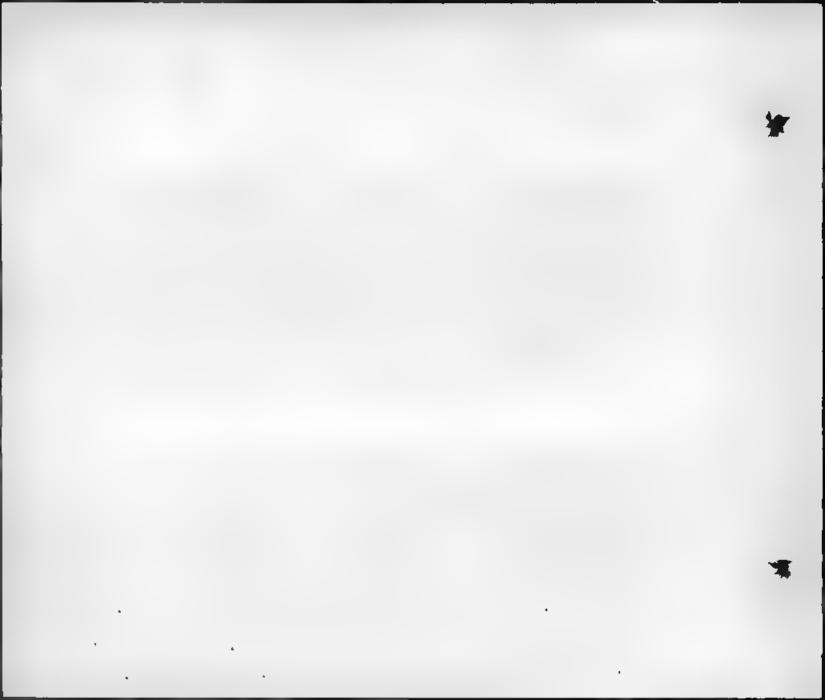
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		2166		CERT	IFIC/	ATE OF D	EATH			Reg. Di		410,
1	PLACE OF DEATH	ntgomery	···- ···	MAR	YLAND	2 USUAL RESID 0. STATE		land	d lived. If institut 6. COUNT		ntgon	
	Chevy C	f cultide corporate limi prest town) hase	ts, write	e LENGTH OF STAY	IN Ib		y Ch		irole imils write	RURAL and (give nearest	iown)
	OK NZTITUTION	At (If not on hospite), p				/ 3211		rnap	ple St	reet	0	RESIDENCE N A FARMS
3	NAME OF DECEASED (Type or print)	Lai	31	Man		Wigh	ıt	4 DATE OF DEATH	Feb.	inth	23	Year 19 59
5	female	white	7 MARI	NEVER MARRIED DIVORCE		6/22/	1863	}	9 AGE (In years lost bighdey) 95 yrs	Months	Peys Ho	NDER 24 HRS
10	HOUS EM	ON (Give kind of work king life, even if retired	Some 10b	KIND OF BUSINESS (OP INDU	Med Med		or foreign c	ountry)	12 CIT	IZEN OF W	HAT COUNTRY
13,	FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME				
L		11 Mansu					ntha	Wal				
15	WAS DECEASED EVE	P IN J 5 ARMED FOR	CES7 [16,	SOCIAL SECURITY HO		Midred	W. S	yfri	g -3211		rnapp	le St.
7	PART I DEA LL 3 LL I Candit ons at a gave rise to cause (e), shoting ying cause lost.	my which but to the under the under the tender to the tend		Con	ne	estive.	1/60	1.	trie	N (43	ONSET	E BETWEEN
ICATION		S W-L	- a	enter 1	-6	onch	tiz			IVEN IN PAR	PE	REORMED?
L C ERTH	OR CONTRIBUTING	MEDICAL EXAMINER	206, DES	CRIBE HOW INJURY C	COURRE	D (Enter noture of	יהן עיטן אי	art ot Par	† 11 of item 18.)			
MEDICA	20c TIME OF INJUR Hour e.m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED Not while	70e PL fo	ACE OF INJURY IN clory street, office	lone, form, bldg., etc.	20f (City	r or fewn)	(0	County)	(Stote)
	21 I certify the chive on	John V.	12_5	o Can	death	19.5-5 n occurred at \$ MD 3/07	330	M, fran	n the causes freet, city or town	and an H		
?20	BUR A CREMATIO REMOVAL (Specify, Burial	2/26/5		Fort Li			i		nce Ge			(Store)
23	FUNERAL IDIRECTOR		2	90 K14 HST	NW	W25 49		ey REGIST	1	STRAR'S SIC		

2 House



OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived III institution: Residence before admission) & COUNTY 6 COUNTY MARYLAND SHOTH OF STAY IN 16 b. CITY OR TOWN It suited corporate limits, write E CITY OR TOWN tride cargarate milts, write BURAL and give neowski lown KURA, and give nearest fown) , aleoma A IS RESIDENCE d NAME OF HOSP TAL (If not in hospitor, OR INSTITUTION ON A FARM? YES NO IP NAME OF Middle Year DECEASED (Type or print) DEATH P AGE IN YOUR FUNDER TYEAR IF UNDER 24 HES 6 COLOR OR RACE 7 MARRIED | NEVER MARRIED 8 DATE OF BRIM last birthday] Months Days DIVORCED T USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR HYDUSTRY. 12 CITIZEN OF WHAT COUNTRY? during most of working ble even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM Ē IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AL SECURITY NO 17. INFORMANT Address o Van NTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per ine for (p) ONSET AND DEATH PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions if any which gove rite to mmediate DUE TO couse (a), stoking the underlying couse lost PAIR II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLIP WAS ALTOPSY PERFORMED? YES NO 17 200 ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 206 DESCRIBE HOW INJURY OF URRED (Enter nature of injury in Port or Part (Lof Jem 18) UF EITHER, NOTIFY MEDICAL EXAMINER 20s. PLACE OF INJURY (Home, form. | 20f. [City or level) 20c TIME OF INJURY Month. Day Year 20d INJURY OCCURRED (County) (Stole) factory, street office bldg. etc.) Havr a m Not while at work at work 21 I certify that I attended the deceased from Dec. 30. 1954 10 2-15 , 1957, that I last saw the deceased ofive on wat ADDRESS (Street,-city ar/lown, state) DATE SIGNED ACTUAL õ PHYSICIAN'S NAME (Type) Louis K. Albert 2300 X St. N.W. Washington, D.C. 270 BURIAL CREMATION, 226 DATE THEREOF 27d LOCATION (City fown or county) 22c NAME OF CEMETERY OR CREMATORY Cremation 2/16/59. Cedar Hill Cemetery Suitland Md. 23 FONERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE V\$ A 5 (4)





1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	Item / 2 lmG238 2-11-59 et The Film of the ms CERTIFICATE OF DEATH Reg. Dist. No.
derector (MACE OF DEATH COUNTY MONTGOME PL/ MARYLAND 2 USUAL RESIDENCE (Where deceased fixed. If smt tulion, Residence before admission) 6. STATE NOTE 312 514 312 617
death unerol	b. CITY OR TOWN (If autside corporate limits write c LENGTH OF STAY N 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give neglect fown) RURAL-poid give neglect fown) RURAL-poid give neglect fown) RURAL-poid give neglect fown)
rs after	d. NAME OF HOSPITAL (II not in hospital, give street oddress) OR INSTITUTION ON A FARM? YES DO NO []
illed in	3 NAME OF DECEASED (Type or profit) Mary F Ann Widdle W SON DEATH February 1959
d withing filelely fi	S SEX 6 COLOR OR RICE 7 MARRIED NEVER MARRIED 6 DATE OF BIRTH 7 AGE (IN 1900) IF UNDER 14 HRS 10 DE 17 DE 17 DE 17 DE 18
od comp n popel death.	100 USUA. OCCUPATION Give hind of work done 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Store or foreign country) Warying most of working life even if retired; HOUSE WHAT COUNTRY? HOUSE WHAT COUNTRY?
con or carbo	Moses F. Wilson Mary Ann Twynan.
certific ng physi r remov 72 hour	15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Address / Address / Address / Conthers bear M.
of the death The please	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)] Acrata Improve Improve Improve Interval Between Part 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), PERFICULTING MINISTER AND DEATH ONSET AND DEATH ON INTERVAL DUE TO
or signed by	Conditions if any which gave cire to smmadiate course (a), stating the under lying course fast (c) ACR - Streptococal Ed. on tritis (Arrival)
physical physical control of the faw	PAW II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1/07 IF WAS AUTOPSY PERFORMED? YES \(\sum NO \(\sum \)
ficate by ar ref	200 ACC DENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part) or Part II of Jam 18.) C CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL CHAMINER)
PHYSIC or or of this cert to se or to se or emotion	20c TIME OF INJURY Month. Day: Year 20d INJURY OCCURRED 70c. PLACE OF INJURY (Home form, 20f (City or lawn)) (County) (State) Hour o m White Not white foctory, street affice bldg etc.) p. m 19 of work
ADING CAMER CONTROL OF	21 I certify that I attended the deceased from AN 29, 19.57, to FCB 1, 19.59, that I last saw the deceased alive an EB 1, 18.59, and that death accurred at L ² 5 M, from the causes and on the date stated above
A ATTE	ACTUAL SEGMENT MO 8218 U DEUNSIN AUG, BETTERDAMO
RAL DI Shavid shavid	PHYSICIAN'S / HOMAS M WILSON -
O HOSP	220. BURIAL CREMATION 276. DATE THEREOF 226. NAME OF CEMETERY OF CREMATORY POR COUNTY) (Stote) REDCALL BOOK VILLE, Md. (Stote)
VS A15 (4) 15M 9/55	22. FUNERAL DIRECTOR'S SIGNATURE ROCKVILLO, 151. There I Surville Rockvillo, 151. DATE I IN

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e. IS RESIDENCE ON A FARM?

U. S. A.

Maryland

INTERVAL BETWEEN ONSET AND DEATH

2 years

PERFORMED?

YES 🔛

(County)

NO [

(Stote)

DATE SIGNED

YES NO P

CERTIFICATE OF DEATH 2168 Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY 6. COUNTY Maryland MARYLAND Montgomery Montgomery b. CITY OR IOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) Bethesda 29 days Germantown d NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION d. STREET ADDRESS R.F.D. # The Clinical Center. Bethesda 3 NAME OF Middle 4. DATE DECEASED Elizabeth Woodfield (Type or print) DEATH February Margaret 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS fort birthday) Months DIVORCED [Female WIDOWED | White November 30, 1940 100. USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) None (Student None Maryland IJ. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John G. Woodfield Elizabeth Zimmerman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. The Medical Record Address 17. INFORMANT The Clinical Center, Bethesda 14, 8. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY Massive Gastrointestinal hemorrhage IMMEDIATE CAUSE (o). DUE TO Systemic Lupus Erythematesis Conditions, it any, which gove rite to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part) or Port II of item 18.5 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Mome, form, 20f. (City or lown) factory, street, office bldg., etc.) Hour o. m. While Not white 21. I certify that I attended the deceased from January 27., 19.59, to February 25 19.59, that I last saw the deceased 19 59 , and that death accurred at 2:22PM, from the causes and an the date stated above ADDRESS (Street, city or lown, stole) ACTUAL The Clinical Center SIGNATUR National Institutes of Health Charles T. Brooks, MD PHYSICIAN'S NAME (Type) Bethesda 14. Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF

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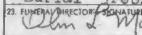
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27c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, lown, or county)

Unper Senece Bantist Cedar Grove Damascus, Md.

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours offer death. Page 4	may be retained by the haspital or attending physician. TO FUNERAL D. TOR: After this certificate has been signed by the attending physician and completely filled in by present director.		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2169 **CERTIFICATE OF DEATH**

02156

					*** ****
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] o. STATE b. COUNTY T. T				
Montgomerv	MARYLAND	Maryland B. COUNTY Howard			
b. CITY OR TOWN (If outside corporate limits, write	6. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)			
RURAL and give nearest favrn)	200				
Gaithersburg	17 yrs. 8 mc	Glenelg / 2 X = 2			
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			ON A FARM?
Asbur Methodist	ione				YES NO M
3. NAME OF First DECEASED (Type or print) Prima Vira	Middle ina	Wright	4. DATE OF DEATH FO	Manth	28 19 59
S. SEX PART 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AG	F (In years IF UNDER	I YEAR IF UNDER 24 HRS
Tilte WIDOW		July 21, 18	lost	birthday) Months	Pars Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OF INDU			12. CI	IZEN OF WHAT COUNTRY
during most of warking life, even if retired)				1	
House work		Howard Co	o. Maryl	and	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	YAME		
Albert Wright		Margai	ret Almir	a Stansfie	ld
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Address	
fig. in: an extensión fill har firm nos os deser es seuscel	3				
18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]					INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ni.1 1 1	/ /			ONSET AND DEATH
UMMEDIATE CAUSE (a)	refregatial	larkens			
475 X DUE TO	1				10
A .					4 days
Conditions, if any, which (b) Parket (b) Parket (b) Parket (b) Parket (c) Pa					to order
cause (a), stating the under: DUE 10					-
totale serve had					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PAR	T I(a) IP. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of i	tem 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e: PE	ACE OF INJURY Home, form	1, 20f. (City or low	(0)	County) (State)
Ö Haw q.m. While	While Not while factory, street, office bldg., etc.)				
P. m. 19 of war	rk of work		1		
01 1 07 0 11 0 1 10 1	11 8-7	67	2-26		
21. I certify that I attended the decease		1992. 10.0	200	., 19.2.Z.,that I	last saw the decease
alive on 2 - 28 125	5.2., and that death	accurred at 9,50	PM. from the	courses and on t	he date stated above
			ADDRESS (Street, ci		DATE SIGNE
1 20 4	of the second	the state of the s	- 1	1	A
SIGNATURE SCENAL & THE	one	M.D. 10128	CECAR	LANE	2-28-5
PHYSICIAN'S Sarah E. Glover	M D	1610811	WETON,	ma	
NAME (Type) SELECT E. GEOVER) MeDe				
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (Stote)		
REMOVAL (Specify)			Glenell . So many		
DRIGHT CADADS	iit, View		GT CIT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a, REC*	D BY REGISTRAR	246. REGISTRAR'S SI	GNATURE
Tanget C. Control	a Tehn we have			0.11 9 4	

Company of the compan ingeres Lat falence 4.00 Lucione 57 2-16 10128 CEDANALANE 25.32-15 KENSINGTON MIG CALL STORY IN COMPANY